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ZAMBIA INTEGRATED SYSTEMS STRENGTHENING PROGRAM

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ZISSP
Increasing the use of High Impact Health Services

The Zambia Integrated Systems Strengthening Program is a technical assistance program to support the Government of Zambia. The Zambia Integrated Systems Strengthening Program is managed by Abt Associates, Inc. in collaboration with American College of Nurse-Midwives, Akros Research Inc., Banyan Global, Johns Hopkins Bloomberg School of Public Health-Center for Communication Programs, Liverpool School of Tropical Medicine, and Planned Parenthood Association of Zambia. The project is funded by the United States Agency for International Development, under contract GHH-I-00-07-00003. Order No.GHS-I-11-07-00003-00.

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Acronyms

ACNM	American College of Nurse-Midwives
ACT	Artemisinin Combination Therapy
ADH	Adolescent Health
AID	Active Infection Detection
AIDS	Acquired Immune Deficiency Syndrome
AIRS	Africa Indoor Residual Spraying
APAS	Annual Performance Appraisal System
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
BRITE	BroadReach Institute for Training and Education
CBD	Community Based Distributor
CBMNLSS	Community Based Maternal and Neonatal Life Saving Skills
CCO	Clinical Care Officers
CCP	Johns Hopkins Bloomberg School of Public Health Center for Communications Programs
CCS	Clinical Care Specialists
CCT	Clinical Care Teams
CHA	Community Health Assistants
CHAI	Clinton Health Access Initiative
CHC	Community Health Coordinators
CHReP	Community Health Restoration Project
CHV	Community Health Volunteer
CHW	Community Health Worker
CIDRZ	Center for Infectious Disease Research in Zambia
DCMO	District Community Medical Office
DEM	Direct Entry Midwifery
DFID	United Kingdom Department for International Development
DHIS2	District Health Information System 2
DHRA	Directorate of Human Resources Administration
DQA	Data Quality Audit
EHT	Environmental Health Technicians
EmONC	Emergency Obstetric and Neonatal Care
EPI	Expanded Program on Immunization
ERB	Ethics Review Board
FANC	Focused Ante-Natal Care
FP	Family Planning
GNC	General Nursing Council
GIS	Geographical Information System
HCAC	Health Center Advisory Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPCZ	Health Professions Council of Zambia
HR	Human Resource
HRH	Human Resource for Health
HRIS	Human Resource Information System
ICATT	IMCI Computerized Adaptation and Training Tool
iCCM	Integrated Community Case Management

ICDL	International Computer Driving License
IMCI	Integrated Management of Childhood Illness
IPTp	Intermittent Preventive Treatment of malaria in Pregnancy
IRB	Institutional Review Board
IRS	Indoor Residual Spraying
IT	Information Technology
IYCF	Infant and Young Child Feeding
LAFP	Long Acting Family Planning
LSTM	Liverpool School of Tropical Medicine
M&E	Monitoring and Evaluation
MAIYCN	Maternal, Adolescent, Infant and Young Child Nutrition
MCDMCH	Ministry of Community Development Mother and Child Health
MDSR	Maternal Death Surveillance and Response
MOH	Ministry of Health
MTEF	Mid Term Evaluation Framework
NFNC	National Food and Nutrition Commission
NHC	Neighborhood Health Committee
NHCS	National Health Care Standards
NIPA	National Institute for Public Administration
NMCC	National Malaria Control Center
ORT	Oral Rehydration Therapy
PA	Performance Assessment
PMI	President's Malaria Initiative
PMO	Provincial Medical Offices
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PPAZ	Planned Parenthood Association of Zambia
QI	Quality Improvement
RDT	Rapid Diagnostic Test
RDL	Radio Distance Learning
RED	Reaching Every Child in Every District
RHC	Rural Health Center
SLA	Service Level Agreement
SMAG	Safe Motherhood Action Groups
SMGL	Saving Mothers Giving Life Endeavor
SPSS	Statistical Package for Social Sciences
TOT	Training of Trainers
TSS	Technical Supportive Supervision
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
ZHWRS	Zambia Health Worker Retention Scheme
ZISSP	Zambia Integrated Systems Strengthening Program
ZMLA	Zambia Management and Leadership Training

Executive Summary

The USAID-funded Zambia Integrated Systems Strengthening Program (ZISSP) commenced the final year of implementation in January 2014. During the second quarter, ZISSP continued to work closely with the Ministry of Health (MOH) and Ministry of Community Development Mother and Child Health (MCDMCH) at national, provincial, district and community levels to strengthen skills and systems for planning, management and delivery of health services. The program also worked with communities to foster increased use of public health services.

This report presents activities conducted in the second quarter, from April 1st through June 30th, 2014. Quarter two and life-of-project targets and achievements are listed in Annex 1, while quarter two training numbers are presented in Annex 2. Highlights from ZISSP quarter two activities include the following:

Human Resources for Health: With ZISSP support, the roll-out of the Human Resource Information System (HRIS) has now been completed in nine provinces, with MOH committing to roll-out in the tenth province (Copperbelt). ZISSP continued to provide both technical and financial support towards the development of the Zambia Health Worker Retention Scheme (ZHWRS) Sustainability Strategy, which will provide the government with a strategic policy direction towards the implementation of an efficient, cost-effective and sustainable retention scheme for health workers working in the rural and hard-to-reach areas in Zambia. The MOH Director-Human Resources Administration and the Assistant Director-Human Resources and Development were sponsored by ZISSP to attend a two-week training program on *Strengthening Human Resources for Health* at the Harvard School of Public Health.

Maternal, Neonatal and Child Health: ZISSP provided support for MCDMCH to train health workers in long-acting family planning (LAFP), Reaching Every Child in Every District (RED), Emergency Obstetric and Neonatal Care (EmONC), and Infant and Young Child Feeding (IYCF). At community level, ZISSP supported MCDMCH to train additional Community Based Distributors (CBDs) and peer educators, to build capacity of community volunteers in IYCF and, for those in RED districts, to use community child health registers. ZISSP trained health workers as trainers in peer education, LAFP, and EmONC. Three additional midwifery schools received models, simulators, equipment and furniture and sent 11 nurse tutors and clinical instructors for training in skills lab management. A follow-up visit to monitor oral rehydration therapy (ORT) corner establishment at 38 health facilities in Kalomo District determined that all health centers could account for the donated materials and 36 health centers had functional ORT corners.

Clinical Care: ZISSP Clinical Care Specialists (CCS) provided technical support through district clinical care team (CCT) meetings, provincial CCT mentorship to district CCTs, technical supportive supervision (TSS) visits to health facilities to strengthen implementation of QI projects, and participation in Performance Assessment (PA) visits and performance review meetings. In quarter two, ZISSP supported 35 district CCTs to conduct mentorship in multi-disciplinary fields to 980 health workers. Three provinces facilitated mortality reviews with ZISSP support, which identified important deficiencies in case management or gaps in service delivery and made recommendations to address them. The national QI TWG assigned sites to pilot the core QI indicators, distributed QI job aides, and initiated planning

for the annual QI conference. The national Clinical Care Team is not yet formed, and the finalization of mentorship job aides is delayed.

Management: ZISSP provided district-level technical and financial support to eight districts to review performance indicators for 2013 and the first half of the year 2014 and to identify priority health programs areas for 2015-2017 MTEF periods. ZISSP provided technical and financial support to orient 41 program officers in the application of the Data Quality Audit (DQA) guide. A team of assessors from MOH and MCDMCH headquarters joined Northern and Muchinga Provinces for PA activities in their districts in quarter two, including a visit to Chilubi, a ZISSP target district, finding that 70% of the recommendations from the quarter one PA visit had been implemented. A total of 160 trainees completed Phase 2 ZMLA, and 112 new participants have been recruited for Phase 3 of ZMLA.

Malaria: From May 2014, IRS activities were transitioned to the AIRS project, with exception of those activities led by two ZISSP subcontracts. ZISSP supported meetings of the Insecticide Resistance TWG to recommend insecticides, and the first resistance management plan for Zambia was submitted to NMCC for review and approval. The Malaria Case Management TWG, with ZISSP support, finalized the update of the *Guidelines for the Diagnosis and Treatment of Malaria in Zambia*, while the Focused Ante-natal Care TWG adjusted FANC training materials to align with World Health Organization (WHO) and country-specific updates. The Active Infection Detection program (AID) continued in Lusaka and Mumbwa districts. In quarter two, ZISSP supported the NMCC to carry out two supervision visits to 10 districts as a follow-up to the quarter one installation and handover of the district based electronic entomological surveillance database.

Community: ZISSP Community Health Coordinators (CHCs) collaborated with health center staff to ensure that community plans would be included in health center annual work plans. ZISSP provided financial and technical support to the PMO and DCMO to hold partner coordination meetings, convene Maternal Death Surveillance and Response (MDSR) meetings, and provide technical support and supervision through the Saving Mothers, Giving Life (SMGL) provincial and district coordinators. ZISSP disbursed K2,622,719.04 to 14 grantees, supporting implementation of activities including inception meetings with district government staff and stakeholders for coordinated planning, monitoring and evaluation (M&E) activities, and various trainings (for peer educators, SMAGs, CBDs, drama groups, etc.). Twenty-three Radio Distance Learning (RDL) programs aired on five community radio stations targeting 180 Safe Motherhood Action Group (SMAG) members. ZISSP supported the training of 650 traditional leaders in the use of the Integrated Health Toolkit that seeks to engage traditional leaders as change agents.

Preparation for ZISSP close-out: During the quarter, increased emphasis was placed on finalizing program deliverables and discussing plans for sustainability and handover of ZISSP activities to government ministries. As part of sustainability, ZISSP provided technical support in multiple technical areas during the 2015 MOH/MCDMCH national planning launch. The launch, previously funded by ZISSP, was funded by MOH/MCDMCH this year. To document the outcomes of ZISSP's initiatives in different technical areas, ZISSP developed concept papers and protocols for five program evaluations and documentation and three technical briefs.

Introduction

ZISSP has continued to work in collaboration with the MOH and the MCDMCH in Zambia to strengthen skills and systems for planning, management, and delivery of high-impact health services at national, provincial, and district levels.

ZISSP works to:

- Improve planning, management, and service delivery, particularly in relation to six high-impact programs
- Strengthen Zambian leadership, ownership, and capacity
- Expand the range of government and non-government actors involved in health planning
- Improve the use and relevance of health services in communities and target districts by strengthening "bottom-up" community participation in developing health plans
- Increase impact by emphasizing tangible results and incorporating gender as part of all program activities.

The program's technical approach: (1) works horizontally to improve planning and management at each level of the health system; (2) improves the integration of private health sector resources in the national system; (3) addresses gender- and age-related barriers to care; and (4) strengthens the specific program areas of HIV and AIDS, family planning, maternal and neonatal health, child health and nutrition, and malaria.

ZISSP is led by Abt Associates Inc. which works in partnership with Akros Global Health, the American College of Nurse-Midwives (ACNM), Banyan Global, BroadReach Institute for Training and Education (BRITE), the Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (CCP), Liverpool School of Tropical Medicine (LSTM), and the Planned Parenthood Association of Zambia (PPAZ).

This report describes project activities undertaken from April 1st through June 30th, 2014. Sections I through IV of this report focus on the activities carried out in the first quarter by the various technical teams. Section V explores the challenges faced and the solutions put forward to address them. Section VI outlines the focus areas for the second quarter of 2014.

1. TASK ONE: Support for the Central Ministry

1.1 Human Resources for Health (HRH)

Human Resources Technical Working Group Meetings: The MOH Human Resources (HR) Technical Working Group (TWG) serves as a participatory forum for cooperation and participation between the MOH and key stakeholder institutions involved on matters concerning HR for health (e.g., government Ministries, cooperating partners, associations and regulatory bodies in the health sector). The HR TWG met in May 2014 to share the findings and lessons learned from process evaluations undertaken through the Clinton Health Access Initiative (CHAI) on the pilot class of Community Health Assistants (CHA) in Zambia to inform national scale up of the CHA program in Zambia. The findings suggested

that, when well-supported with remuneration, logistics, drugs and supplies, and supportive supervision, the CHAs had great potential to significantly impact health outcomes at the community level. However, several challenges were identified that would require action by the MOH and the MCDMCH as the CHA program was brought to scale, such as the lack of consistent supportive supervision by health workers and challenges with covering large geographic areas for community-based service delivery. Members encouraged both Ministries to give further attention to the challenges being experienced by the CHAs to support achievement of the program's objectives.

Sponsoring Senior Directorate of Human Resources Administration (DHRA) Staff for a Harvard HRH Course: The ZISSP HRH Specialist assisted the MOH Director-HRA and the Assistant Director-HR and Development with the application processes that enabled their successful attendance at a two-week training program on *Strengthening Human Resources for Health* at the Harvard School of Public Health (USA) from June 16-27, 2014. The participants returned back to Zambia on 29TH June 2014 and have provided a verbal report. (A written report on the training will be submitted to ZISSP by participants in July 2014.) As new employees in the MOH, the participants found the program to be highly educational on HRH. They are motivated to apply the new knowledge and skills, and the change management principles in particular, to assist the MOH and the MCDMCH through the restructuring process currently underway. The two senior managers have also requested to meet with ZISSP senior management for a de-briefing on the course.

Status of the 119 ZISSP-supported Zambia Health Workers Retention Scheme (ZHWRS) Members: During quarter one of 2014, ZISSP provided technical and financial support to facilitate a routine audit of the ZHWRS. As a result of some of the audit findings, ZISSP received a letter in quarter two (April) from MCDMCH informing ZISSP of the termination and/or non-renewal of contracts for 37 of the 119 ZISSP-supported scheme members. Seven contracts were terminated due to terms of the contractual agreement in which an officer who leaves the station (due to study leave or transfer to a non-ZHWRS qualifying facility) forfeits the benefits of the scheme. The MCDMCH did not renew the contracts of the remaining 30 health workers due to insufficient budgetary allocation to the MCDMCH to pay allowances to the concerned staff. The letter confirmed that ZISSP would only support 82 members for subsequent reimbursement for the period July to December 2013. The Memorandum of Understanding guiding the reimbursement of rural hardship allowances to health workers on the ZHWRS ended in January 2014.

During the period under review, ZISSP also received an invoice from the MCDMCH for allowances paid to ZISSP-supported scheme members for the period July to October 2013. The invoice awaits confirmation of reimbursement, through Abt Associates Headquarters, to the MCDMCH.

ZHWRS Sustainability Strategy: In quarter two, ZISSP continued to provide both technical and financial support towards the development of the ZHWRS Sustainability Strategy, which will provide the government with a strategic policy direction towards the implementation of an efficient, cost-effective and sustainable retention scheme for health workers working in the rural and hard-to-reach areas in Zambia. Because of the strategic nature of the report's recommendations, the report was presented to senior management at the MCDMCH and MOH for approval and further guidance. The two Ministries made comments to the report, which were reviewed and addressed by the consultant. The report was also submitted and approved by ZISSP senior management, including a process of quality assurance by Abt Associates. The report is in the process of finalization and

formatting by Abt in anticipation for printing and presentation at one of the health policy meetings in quarter three.

Human Resources Information System (HRIS): The MOH HRIS was designed in 2012 and successfully piloted in 2013 with ZISSP support. The HRIS collects, maintains, analyzes and produces relevant reports on health personnel for informed decision-making. During quarter two, ZISSP continued to support the rollout of the MOH HRIS to selected MOH institutions in Southern, Luapula, North Western and Lusaka Provinces. The rollout involved combined teams of HR staff and Information Technology (IT) staff from MOH Headquarters who visited institutions in the four provinces. During these visits, the teams oriented Provincial Medical Offices (PMOs), health facility management, HR staff, key registry staff and the data entry interns on the new MOH HRIS. The interns, who were identified with assistance from the teams, were recruited by ZISSP to assist with the initial HR data entry onto the MOH HRIS. The teams also installed the system onto suitable computers provided by the individual institutions.

This rollout marked the completion of ZISSP support in nine out of the 10 provinces in Zambia in terms of providing financial assistance for this exercise at the MOH. During this quarter, ZISSP also successfully advocated to the MOH DHRA to allocate resources for the rollout of the HRIS in Copperbelt Province. The rollout to Copperbelt Province, which is the last phase, commenced in the last week of June 2014 and should be completed in quarter three of 2014.

ZISSP also undertook steps to introduce the HRIS into the MCDMCH. In quarter two, ZISSP provided financial and technical support to orient 38 HR and IT staff (19 males, 19 females) from the MCDMCH at national and district levels on the MOH HRIS. The staff also reviewed the MOH HRIS, and an HRIS was designed to meet the reporting requirements of MCDMCH. A decision was also made to pilot the system at six facilities under the MCDMCH, namely the MCDMCH national office, Lusaka District Community Medical Office (DCMO), Zambezi DCMO, Kasama DCMO, Gwembe District Hospital, and Mkushi District Hospital. The piloting will commence in quarter three of 2014.

1.2 Family Planning

Expansion of Access and Use of Long Acting Family Planning (LAFP) Services: To increase the number of persons with the knowledge and skills to facilitate LAFP trainings, ZISSP supported MCDMCH to conduct a training of trainers (TOT) in LAFP for 20 participants (7 males, 13 females) selected from 12 nursing and midwifery schools (Kitwe, Nchanga, Roan, Kabwe, St Paul's, Lusaka, Chilonga, Mansa, Ndola, Mufulira, Kasama, and Livingstone). The composition of participants included 12 nurse tutors and eight clinical instructors. ZISSP also supported another TOT in LAFP for an additional 20 healthcare providers (4 males, 16 females) drawn from selected health facilities across ten provinces. These trainings increased the pool of provincial trainers who can organize LAFP trainings at local level, thereby reducing the cost of these trainings.

ZISSP supported MCDMCH to conduct a pre-training site assessment of 17 health facilities in Nchelenge (9) and Chienge districts (8) to determine their suitability to provide LAFP, concluding that all assessed facilities were suitable based on the availability of adequate space and trained providers.

To contribute to increased access to and utilization of LAFP services, ZISSP provided support for MCDMCH to provide LAFP training to 22 healthcare providers (12 males, 10

females) from 18 selected health facilities, including Mansa General Hospital, Mansa District Health Office (1), and Livingstone School of Nursing (1). This brings the total number of healthcare workers trained in LAFP in 2014 to 62 (21 males, 41 females) against the set target of 40. (The total includes the 22 healthcare providers as well as the 40 LAFP TOTs.) Since project inception, ZISSP has supported LAFP training for 330 health providers (98 males, 232 females), exceeding the life of project target by 70.

Community-based Distribution Services: With ZISSP technical and financial support, MCDMCH trained 62 Community Based Distributors (CBDs) in quarter two: Thirty from Zambezi District (22 males, 8 females) and 32 from Mkushi District (15 males, 17 females). The community volunteers were equipped with the knowledge and skills to effectively distribute contraceptives and barrier methods within their communities. The total number of CBDs trained during the current fiscal year is 92 (40 males, 52 females) against the set target of 90. ZISSP is on target to meet the life of project target: to date the project has trained 341 CBDs (167 males, 174 females) of the 450 target, with additional CBDs from Luangwa, Chongwe, Ndola, Serenje, and Kapiri Mposhi mid-way through training as of 30th June. (These CBDs will be counted in quarter three when they complete the full training.)

Other FP Activities: ZISSP will not be conducting two planned activities due to changes in the priorities of the General Nursing Council (GNC). ZISSP had planned to provide technical and financial support to GNC to hold three meetings to review the midwifery training materials and strengthen integration of the LAFP component into the midwifery curriculum. ZISSP had also planned to provide technical and financial support to procure LAFP training models and equipment for the skills lab at three midwifery schools (Livingstone, Chilonga and Ndola) to strengthen teaching of LAFP methods.

1.3 Adolescent Health (ADH)

Adolescent Health Knowledge and Skills Expansion: MCDMCH and ZISSP seek to utilize community theater as a tool to socially change adolescents' and young people's risk behaviors through the mobilization and dissemination of health messages in their communities. In quarter two, ZISSP supported the MCDMCH to train 32 peer educators (16 females, 16 males) in Mpika and Nakonde in community drama following the recommendation from the post-training follow-up of peer educators. The training built the capacity of community drama groups to promote effective and skillful delivery of health messages and engage target audiences in health prevention and promotion.

During the Safe Motherhood launch, ZISSP supported the MCDMCH in training 13 peer educators (6 males, 7 females) in Chinsali District, building their knowledge and skills to share sexual and reproductive health information with adolescents and young people. The training was appreciated because it was the first peer education training of young people in the district.

In order to increase the pool of ADH trainers and the scale-up of ADH orientation of healthcare workers, ZISSP supported the MCDMCH to train 12 healthcare workers (8 males, 4 females) as trainers. Training topics increased the knowledge of the trainers on the developmental stages of adolescents and developed facilitation skills and techniques to train healthcare workers.

The ADH Communication Strategy and Adolescent-Friendly Health Services standards and guidelines were reviewed by the ZISSP technical writer and have since been submitted to the MCDMCH for the signatures of the Minister and the Permanent Secretary.

The two documents are expected to be printed by the end of July 2014. The strategy will be implemented alongside the standards in supporting the overall ADH strategic plan.

1.4 Emergency Obstetric and Neonatal Care (EmONC)

Contribute to the Expansion of EmONC Services: ZISSP provides financial support to MCDMCH to mentor doctors from district-level hospitals in surgical skills to expand emergency obstetric surgery services. Specialists use a one-on-one mentorship approach over three weeks to build skills for emergency caesarian section, laparotomy for ectopic pregnancy, and general management of emergency cases. Improving surgical skills of doctors at lower-level hospitals contributes to effective management of EmONC cases and reduces referrals to third-level hospitals.

In quarter two, ZISSP provided financial and technical support to MCDMCH to conduct mentorship in EmONC for four medical doctors (3 males, 1 female) selected from Chongwe (1), Shang'ombo (1), and Lusaka (2) district hospitals. This brings the total number of doctors mentored in emergency surgery in 2014 to eight, with two additional doctors currently midway through their training. The doctors also participated in maternal death review clinical meetings in order to appreciate better the Maternal Death Surveillance and Response (MDSR) process. The EmONC TWG has observed that while this training contributes to improved client outcomes, the three-week training model is expensive to implement and therefore limits the ability of the government to scale up the model. The TWG recommends that the curriculum undergoes a review with an aim to shorten the training duration. No concrete plans are yet in place for this review.

ZISSP provides financial and technical support to MCDMCH to train health workers (doctors, midwives, nurses, clinical officers) in EmONC to improve the knowledge and skills in managing obstetric and newborn complications, which contribute to the reduction of maternal and newborn morbidity and mortality. In quarter two, 22 healthcare workers (9 males, 13 females) received EmONC training, and an additional 23 EmONC providers (10 males, 13 females) were trained as EmONC trainers. These trainings bring the total number of health workers trained in EmONC with ZISSP support in 2014 to 45 against the set target of 40. Since project inception, ZISSP has supported the training for a total of 402 health workers (169 males, 233 females), exceeding the project total of 340 in response to the high demand from MCDMCH for scaling up this training.

An EmONC trainer observes a training participant practicing new skills using a Neo-natalie model.

In quarter two, ZISSP also supported the on-site mentorship for 33 trained EmONC providers (18 males, 15 females) in Nchelenge, Chiengi, Serenje, Sinazongwe, Gwembe, Zambezi and Mwinilunga districts. During the visits, EmONC trainers assessed how the trained providers were applying their newly-gained knowledge and skills in their clinical practice and identified solutions to challenges experienced by trained providers. EmONC providers received mentorship in neonatal resuscitation, use of magnesium sulphate for management of eclampsia, management of labor using a partograph, and infection prevention practices. The visits also served as an opportunity to improve clinical protocols and flow charts, which were not displayed in some of the health facilities. In Zambezi and Mwinilunga, EmONC trainers were gratified to note that most trained providers at health center level

were able to provide most of the EmONC signal functions (e.g., manual removal of a retained placenta, breech delivery, use of magnesium sulphate, and evacuation of retained products using manual vacuum aspiration as treatment for incomplete abortion). The application of these skills has contributed to the reduction of referrals to second-level hospitals in North-Western Province.

Strengthening Midwifery Education: In April 2014, ZISSP and CHAI co-funded a meeting attended by 43 stakeholders to initiate the review of the Direct Entry Midwifery (DEM) curriculum. The meeting was coordinated by the GNC and MOH. The final recommendation of the meeting was to extend the training period from the current two-year certificate program to a three-year diploma program. The review process is awaiting the final approval from MOH, which is expected to hold a joint meeting with GNC to make the final decision.

In collaboration with ACNM, ZISSP has supported nine midwifery schools since project inception with the training of nurse tutors and clinical instructors in skills lab management and donation of various skills lab models, simulators, equipment and furniture to upgrade their skills labs. The most recent midwifery schools to receive this support are Kitwe, Chikankata and St. Paul's, which received donated models, simulators, equipment and furniture in quarter two and sent 11 nurse tutors and clinical instructors for training in Kabwe, which was facilitated by ACNM. (Four health workers from Kabwe were also included in the training, although their training school will not receive any models or other equipment from ZISSP). The training prepares the midwifery educators to set up, manage and maintain a simulation skills lab, which is different from the skills demonstration rooms currently in use.

In quarter two, ZISSP provided technical and financial support to the GNC to conduct technical supportive supervision (TSS) visits to Ndola, Livingstone and Chilonga midwifery schools to follow up progress made since the provision of earlier skills lab management training and of donated equipment. Supervision visits found that all three midwifery schools have made an impressive improvement and are putting in tremendous efforts to make the simulation skills lab program succeed.

1.5 Child Health

Improving Expanded Program On Immunization (EPI): ZISSP supported the training of 25 DCMO staff (12 males, 13 females) in the Reaching Every Child in Every District (RED) Strategy. The trained DCMO staff were equipped with knowledge and skills in microplanning, implementing and monitoring child health activties.

ZISSP supported the orientation of 150 community volunteers (96 males, 54 females) on the use of community child health registers drawn from selected health centers in Mansa, Mkushi, Sinazongwe and Shang'ombo districts. The orientation improved knowledge and skills to perform data entry and analysis, use collected data, and write reports on child health activities targeting children under the age of five years.

Improving Quality of Care for Sick Children: In quarter two, ZISSP supported TSS visits to 38 health facilities in Kalomo District to check on the functionality of oral rehydration therapy (ORT) corners. These 38 health facilities received ZISSP support in quarter one to revitalize their ORT corners through the training of health workers in Integrated

Management of Childhood Illness (IMCI), training of classified daily employees[1] and community volunteers in integrated Community Case Management (iCCM), and receipt of ORT corner materials procured by ZISSP (e.g., ORT registers, buckets, cups, spoons, basins, chairs and reed mats). During the follow-up visit, 36 health centers were found to have functional ORT corners and could account for all the donated materials. Some health facilities had innovative ideas to make the ORT corners more comfortable (locally-made dolls for children, extra furniture for clients, etc.). Kalomo District Hospital did not meet all the necessary requirements for functionality (e.g., lack of dedicated staff), while another health center did not have a functioning ORT corner due to the lack of space (the intended room was re-allocated for circumcision services). Donated materials were accounted for in both sites. The visiting team discussed possible solutions with the two health facilities so that functional ORT corners could be developed.

Improving Newborn Care Practices: Following the successful adoption of the Essential Newborn Care guidelines in quarter two, ZISSP supported the orientation of 21 Provincial Nursing Officers (3 males, 18 females) from eight provinces (Luapula, Lusaka, Central, Copperbelt, Western, Eastern, Southern and Muchinga) on the guidelines. The Provincial Nursing Officers are expected to orient other health workers during the provincial and district annual planning meetings scheduled to take place in quarter three.

Post-IMCI Training Mentorship: ZISSP provided financial and techical support to MCDMCH to conduct mentorship to 65 IMCI-trained health workers (15 males, 50 females) from selected health facilities in Kalabo, Lukulu, Mwinilunga, and Zambezi districts. The basis upon which to provide mentorship was determined from the initial post-training follow up visit report and the Performance Assessment (PA) reports, which showed gaps in service provision. Providers in Lukulu District received mentorship and technical support on holistic assessment, recording, and charting of findings. It was noted that there was need for constant mentorship and supportive supervision by district supervisors in order for health workers to effectively implement IMCI at the health centers.

1.6 Nutrition

Maternal, Adolescent, Infant and Young Child Nutrition (MAIYCN) Guidelines: ZISSP has been providing support to MOH, MCDMCH and the National Food and Nutrition Commission (NFNC) to review and update the MAIYCN Guidelines, so that maternal and adolescent nutrition aspects are included in the overall nutrition interventions in line with the 1st 1000 Critical Days Program. In quarter two, the MAIYCN Guidelines were finalized, subjected to a peer review by the World Health Organization (WHO), and now await final approval by MCDMCH.

Infant and Young Child Feeding (IYCF) Training Health Workers: In quarter two, ZISSP supported the training of 83 health workers (32 males, 51 females) in IYCF drawn from selected health facilities in Shang'ombo, Mpika, Nakonde and Mpika districts. This activity marked the first opportunity for Shang'ombo district health staff to receive training in IYCF, which generated great excitement amongst participants. Since project inception, ZISSP has

[1] Classified daily employees are the lowest division employed by government. These include gardeners, office assistants, cleaners, etc. At health facilities, this cadre often supports service delivery at clinics (despite lack of clinical training) to compensate for staff shortages.

supported IYCF training for a total of 1,416 health workers (678 males, 738 females) from 21 of the 27 ZISSP districts, exceeding the life of project target by 292.

IYCF Training for Community Volunteers: ZISSP supported IYCF training of 30 community volunteers (8 males, 22 females) from Chongwe District. Ninety additional volunteers will be trained in quarter three to achieve the annual target of 120, despite the fact that ZISSP has already greatly exceeded the life of project target of 540. (Since project inception, ZISSP has trained 824 volunteers (394 males, 430 females), resulting in a surplus of 220 people trained.)

Child Health Week: ZISSP provided technical and financial support to enable central-level MCDMCH and NFNC staff to travel to various districts for technical assistance during Child Health Week to monitor the second round of Vitamin A and Mebendazole supplementation.

A nurse conducts data verification during Child Health Week, a bi-annual government health event that promotes immunization, de-worming and Vitamin A supplementation.

Nutrition support for the 2015 National Planning Launch: ZISSP provided technical support during the 2015 MOH/MCDMCH national planning launch by supporting the preparation of nutrition presentations for the launch. These presentations reviewed major nutrition activities undertaken during the past year, including challenges and lessons learned. The presentations also highlighted the main focus of nutrition activities for 2015 and budgeting for nutrition.

II. TASK TWO: Support to the provinces and districts

2.1 Clinical Care and Quality Improvement

The clinical care team has the following two priority areas for 2014:

1) Institutionalizing quality improvement (QI) at all levels of the health care system.
2) Institutionalizing clinical care mentorship in health service delivery.

2.1.1 Quality Improvement

QI structures have been established at national, provincial, district and health facility levels in line with the national QI Operational Guidelines to enhance the sustainability and institutionalization of QI.

National QI Steering Committee: In the second quarter of 2014, ZISSP did not support the quarterly national QI Steering Committee meetings as planned as the committee has not yet been formed. (The QI Steering Committee is at policy level and is supposed to be chaired by the Permanent Secretary with departmental directors, which holds them accountable for QI incorporation in health service delivery, while the national QI TWG reports to the steering committee and supports actions (e.g. organizing conferences, supporting lower-level QI committees, revising curricula and tools, etc.)) ZISSP has had difficulty securing a meeting with the MOH Deputy Director Clinical Care and Diagnostic Services to discuss this issue. As a way forward, the QI TWG members (at their June meeting) delegated the responsibility to make this meeting appointment to the national QI TWG chairperson.

Support to QI TWG: The ZISSP Technical Director participated in the quarter two national QI TWG meeting. At this meeting, members ratified the sites to pilot the five MOH core QI indicators. Southern Province hospitals were assigned the 'mortality' (maternal and under five) indicators, Western Province facilities would pilot the proportion of 'confirmed malaria cases,' and Copperbelt Province would pilot 'ART retention in care at 12 months' and 'HIV testing at 12 months of exposed babies.' The TWG finalized a reporting tool to be used by QI committees at all levels (provinces, districts and health facilities) on QI activities (including the national core indicators). The results will be reported to the next higher level of the QI structure on a monthly basis. The reports will be based on the QI project work plan which has been in use by the committees for the QI projects.

Job aides were distributed to all provinces through the QI TWG structures (national to province, province to district, district to health facility), and the MOH is planning to incorporate QI in the pre-service curriculum in the nursing schools, medical school and other schools.

A team was formed to plan for the annual QI conference, an event which will receive financial contribution from the Elizabeth Glaser Pediatric AIDS Foundation of K200, 000. The planning team decided to have two, one-day provincial conferences of 60 people each in Southern (Livingstone) and Copperbelt (Kitwe) provinces with the theme of 'Quality Improvement through Adaptation and Adoption of Local Solutions in Resolving Local Problems.' The conference will give participants an opportunity to share lessons learned on how to improve the quality of care in their facilities.

QI Evaluation: ZISSP is conducting an evaluation of its QI program to generate lessons learned from QI implementation since 2011 and to inform the MOH and stakeholders on

the future QI programming in health service delivery. The evaluation is collecting both qualitative (case studies) and quantitative (Health Management Information System (HMIS) data) information based on the five MOH QI national core indicators. In quarter two, ZISSP developed the study protocol and data collection tools, which were submitted for and granted Ethics Review Board (ERB) approval. ZISSP also obtained letters from both the MOH and MCDMCH granting permission to work in the facilities on the QI evaluation.

ZISSP hired a local consultant to extract core indicators from the HMIS for each of the five model sites (45) in each of the 10 provinces[2]. The quantitative data are in the process of analysis by the ZISSP M&E officers and an international consultant. For the qualitative component, a third (16) of the 45 model sites was chosen for consideration based on the length of time they had been conducting QI projects, the number of QI projects, and the availability of results. A team went into the field to collect more information on the projects to narrow down to four sites for case study documentation: Mangango Mission Hospital in Western Province, Munyumbwe Rural Health Center (RHC) in Southern Province, Chambeshi Government Clinic in Copperbelt Province, and Mwinilunga District Hospital in North Western Province. The visiting team also collected data to determine the denominator for the indicator 'HIV exposed babies tested for HIV at 12 months.' ZISSP engaged a local consultant for the case study component, who assisted with the selection of the final four sites and is currently in the process of collecting qualitative data for the case studies.

Support for QI Training: At the end of quarter 1, ZISSP held a workshop to orient provincial trainers on the restructured QI training package. This meeting generated feedback on the QI training manuals. Based on this feedback, Abt worked with the formatter to further revise the training manuals in quarter two. ZISSP anticipates that the final manuals will be ready in July for MOH signature, followed by printing.

Participation in the National Planning Launch: ZISSP participated in the national planning launch through the provision of technical inputs into the QI focus areas for presentation at the launch. Plans for mentorship were included in every program area (e.g., pharmacy, anti-retroviral therapy (ART), malaria, etc.), which is promising to sustain mentorship after ZISSP closes. This was an opportunity to contribute to the sustainability of the QI program as well as to understand the focus areas prioritized by the MOH and MCDMCH.

***Participation at Conferences*:** ZISSP made two presentations at the 2nd National Pediatric ART Conference in Zambia. The first presentation was on the multi-disciplinary approach to clinical mentorship, highlighting the MOH system of clinic mentorship that was set up with ZISSP support. The presentation noted that there was low coverage of pediatric ART mentorship, attributed to factors such as the low number of trained, confident mentors in this area at district level; lack of harmonized mentoring tools for ART in general; lack of the formation of the National Clinical Care Team (CCT); high mentor attrition; and inactivity of some provincial and district CCTs. The presentation highlighted the missed opportunity to utilize mentorship to increase pediatric ART clients. The second presentation highlighted how QI can serve as a strategy for improving pediatric ART uptake, using an example from

[2] Eight provinces have five model health facilities each. The remaining two provinces (Muchinga and Northern Province) share five model health facilities.

Yuka Mission Hospital on the use of QI to improve testing of children at 12 months (a key step to identifying children in need of treatment).

A QI project from Munyumbwe RHC in Gwembe (Southern Province) was accepted as a poster presentation at the Health Systems Research Symposium in South Africa in September this year. The staff at this facility increased the percent of children in the catchment area who were fully immunized from 57% in 2012 to 106% in 2013.

ZISSP also made a presentation on its support to the MOH in clinical mentorship and QI systems at the *QI and International Partnership Conference,* held in Lusaka in April organized by the Zambia UK Health Workforce Alliance (ZUKHWA). The presentation included the type of support provided by ZISSP in systems strengthening to support health service delivery QI, the current status of QI, and ideas and opportunities for involvement by other stakeholders.

Support for Selected Health Facilities in QI: ZISSP provided financial and technical support (through the CCS) for District CCT meetings and for TSS visits to five health facilities in each of the 10 provinces to strengthen implementation of QI projects. The results from the TSS observations indicated that many sites demonstrated good use of locally-available resources to achieve results. Challenges identified with QI implementation at some facilities included poor documentation, low staffing levels, stock outs of rapid diagnostic tests (RDTs) and CD4 (cluster of differentiation 4) reagents, and inadequate ownership of the QI program. TSS visits built health workers' capacities to identify and resolve performance problems, strengthened monitoring skills, and improved their ability to use data for decision making. Facilities with QI results demonstrated a general improvement in data management.

This support has contributed to the successful QI project implementation and improvements in the quality of care indicators. Examples include:

- Sefula RHC (Western Province) improved the indicator for fully immunized children under 12 months from 48% to 84%; anti-retroviral therapy (ART) defaulters were reduced from 11% to 5%.
- Limulunga (Mongu District, Western Province) reduced ART defaulters from 41% to 22%.
- Masumba RHC (Eastern Province) reported an increase in institutional deliveries from 36% to 60% and an increase in tracking HIV-exposed babies from 33% to 45%.
- Both Mwinilunga and Solwezi District Hospitals in North Western Province implemented QI projects in maternal health and reduced the post-cesarean section infection rate.

Maternal and Under-Five Mortality Reviews: Maternal and under-five mortality reflects the quality of clinical case management at any level. In quarter two, ZISSP provided technical and logistical support to facilitate mortality reviews in three provinces (Southern, Eastern and Copperbelt). A total of 18 maternal mortality, five under-five mortality, and 13 still birth cases were reviewed. QI committees can use mortality data to identify performance gaps which are taken up as QI projects.

The reviews identified important deficiencies in case management or gaps in service delivery and made recommendations to address them (such as QI projects or clinical mentorship). For example, in Copperbelt Province challenges leading to avoidable deaths of under-five children included not managing patients according to guidelines, incorrect diagnoses arising from inadequate clinical skills, late referrals, and delays in care due to lack of coordination between the different departments (e.g., lab and clinicians; ART and out-patient departments).

In Southern Province, two maternal deaths from Macha Hospital occurred in theater and were related to the lack of a qualified anesthetist. Two other deaths were due to the late diagnoses made 48 hours after patient admission, delaying correct management of diabetic ketoacidosis and respiratory distress in advanced HIV disease.

In Eastern Province, of the still birth cases that were reviewed, most deaths were due to cord prolapse. Causes of maternal deaths included post-partum hemorrhage, retained placenta, cerebral malaria, septic shock with renal failure, liver cirrhosis, hemorrhagic shock, post-abortion sepsis and eclampsia. This meeting identified gaps in the history and examination of patients, including non-utilization of the partographs for decision-making, and the delay in receiving lab results which delayed the correct patient management. Based on these challenges, the meeting recommended improved history-taking, mentorship to improve skills for obstetric emergencies, and improved monitoring of patients. Hospital management committed to actively follow up these recommendations and adhere to action plans.

Support to PA and TSS: In the second quarter, ZISSP provided financial support for three Clinical Care Specialists (CCSs) (Luapula, Central and Lusaka) to provide technical assistance for the biannual PA conducted in selected health facilities. The CCSs provided technical assistance in assessing health service delivery in clinical areas. Key findings included:

- High malaria case fatality and low staffing levels in Mansa
- Irrational drug prescription at Lubwe Mission Hospital in Luapula Province.
- Lack of infrastructure for deliveries at some facilities, resulting in the use of traditional birth attendants to conduct deliveries in Luapula Province.
- Clinical gaps in Lusaka Province, such as 44% of patients not being treated according to guidelines, 60% coverage of fully immunized children in Lusaka District against the 80% target, only 50% of patients treated in adherence to sexually transmitted infection guidelines, only 37% of children treated according to Integrated Treatment Guidelines/IMCI guidelines, a low number of malaria cases confirmed by RDT or microscopy (18%).
- Lack of TSS conducted by Levy Mwanawasa Hospital to lower-level facilities in Lusaka District.
- Improvement in Central Province from less than 50% completeness of treatment charts (history, examination and diagnosis) to 80% completeness.
- The increase in maternal deaths at Mkushi District Hospital.

Participation in the PA gave CCSs the opportunity to utilize PA as a QI tool to assist with the identification of gaps and as an evaluation tool to confirm improvements in QI indicators. Gaps identified through the PA in districts will be addressed through QI processes such as TSS, mentorship, or the initiation of QI projects.

TSS was provided by the Central Province CCT to Itezhi-Tezhi District, which recorded a sudden increase in malaria positivity rate. Coartem, RDTs and other supplies were provided to the district by the provincial CCT, who also reviewed case management practices, drug dosing, blood transfusion and fluid management for children during the visit.

Central Province held a performance review meeting with ZISSP financial support. Participants discussed the low proportion (6.4%) of pediatric patients on ART in the province, districts with low coverage (<80%) of fully-immunized children (Serenje, Chitambo, and Luano), reductions in confirmed malaria cases between 2012 and 2013, and increases in maternal deaths and neonatal deaths from 2012 to 2013. Underlying factors contributing to these problems include ineffective MDSR meetings, few skilled workers and

few EmONC-trained staff, long distances and unreliable transport, and low numbers of children managed according to IMCI or Integrated Treatment Guidelines. Further analysis found that there was poor data quality at the health facility due to inadequate number of staff, shortage of critical skilled staff (e.g., midwives), and inadequate transport for outreach. Based on the meeting, the Central Province provincial CCT will provide mentorship in pediatric ART, TSS for MDSR meetings, and will distribute the 2013 Standard Treatment Guidelines (if available).

Support Health Professions Council of Zambia (HPCZ) with Dissemination of the National Health Care Standards (NHCS): ZISSP provided financial support to the HPCZ in May for a meeting to orient 147 DCMOs and health center in-charges from Northern Province on the NHCS. The meeting reviewed the core standards (safety, clinical effectiveness, governance, environment and amenities, patient focus and accessibility and responsiveness) with a discussion of specific standards in all service delivery areas. HPCZ anticipates that better understanding of the NHCS will contribute to improvement in the quality of services at public facilities. Recommendations from the meeting included identification of several needs: the need for all standard operating procedure manuals and guidelines to be availed and utilized; the need for continuous professional development; the need for improvement in accountability and documentation of systems and procedures; and the need to establish audit mechanisms to monitor management of patient conditions.

HPCZ also conducted a baseline assessment in selected facilities in Northern Province to determine compliance to the NHCS. The findings of this exercise have not yet been reported by the inspectors.

2.1.2 Clinical Care Mentorship

In 2014, institutionalization of clinical care mentorship for QI in health service delivery remained a priority of ZISSP. In quarter two, the ZISSP Clinical Care Unit continued to support MOH and MCDMCH to decentralize mentorship through multi-disciplinary CCTs at all levels. The process emphasized needs-based clinical mentorship to address process and system's issues hindering provision of quality health care.

Formation of the National CCT for Mentorship: ZISSP has diligently been following up the issue of the formation of the national CCT, which will be responsible for providing specialized mentorship to the provincial and district CCTs. Unfortunately, the appointment letters and the list of proposed national CCT members compiled by MOH Deputy Director Clinical Care and Diagnostic Services and the ZISSP Clinical Care Team Leader were lost as a result of the computer that was used for this activity having crashed**.** Efforts are being made to resubmit lost data to the MOH.

Development of Treatment Flow Charts and Job Aides for Mentorship: ZISSP had planned to develop treatment protocols for common health conditions and disseminate them to both mentors and health service providers. This activity, originally targeted for 2012, continued to experience delays.

In quarter two, ZISSP followed up with the MOH regarding the status of consolidation and ratification of the compiled treatment flow charts, in hopes of moving towards the printing stage. Two major factors affecting the delay in the finalization process are: (1) some specialties had not completed their components, and (2) the MCDMCH felt that the treatment flow charts on obstetrics and gynecology required their input. Printing will require consolidation of the various subject job aides. ZISSP will not be able to print and

distribute the job aids to health facilities as planned because allocated resources have been utilized for other priority activities.

Support for the Provincial CCT Quarterly Meetings: In quarter two, ZISSP provided technical and financial support for provincial CCT meetings in Southern, Western and Luapula provinces as a forum for reviewing provincial CCT activities, determining steps to improve performance, resolving identified gaps and maintaining established gains. Discussions by province included:

- Southern: Identification of areas of mentorship based on reviewing the PA findings
- Western: Challenges of implementing QI and clinical mentorship, and how to integrate these activities in the biannual PA; challenges with inadequate understanding of the QI principles and analytical tools; and an inadequate number of trained mentors. They resolved to orient team members in the new QI package and develop a summarized package to use during TSS to the districts.
- Luapula: Review of QI core indicators data; the need to institutionalize maternal and under-five mortality reviews.

Training of Clinical Mentors: ZISSP did not train any clinical mentors in quarter two. The funds allocated for this activity were reprogrammed for costs related to the orientation of provincial QI trainers in facilitation skills.

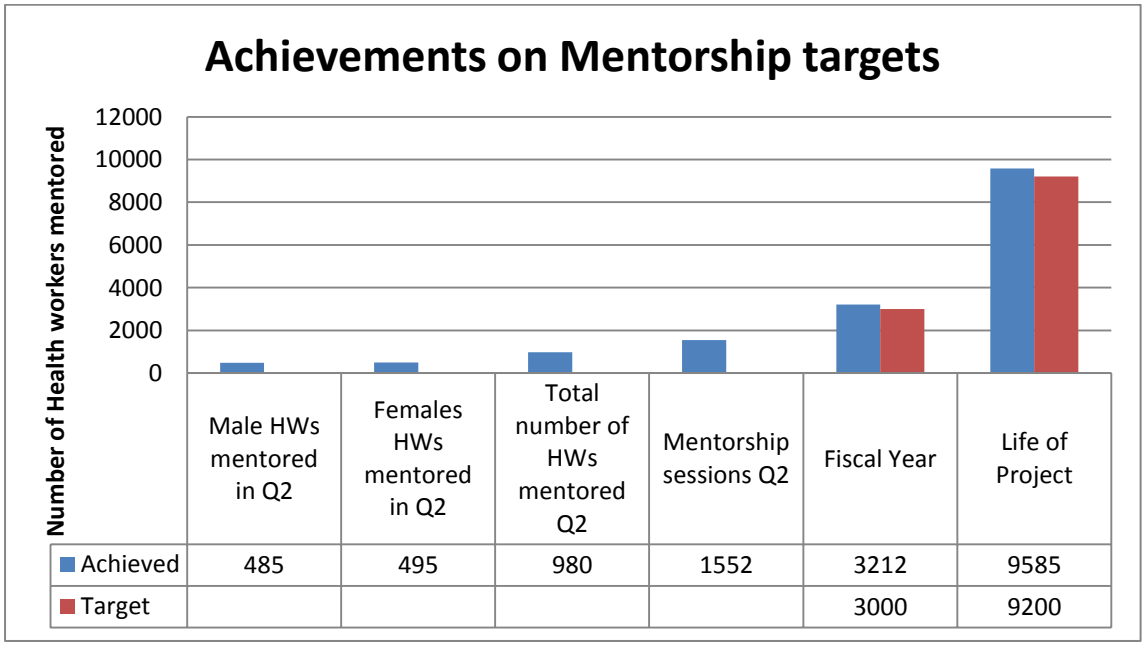
Provincial CCT Technical Support Supervision to District CCTs: In quarter two, ZISSP provided financial support and technical support through the CCS to facilitate provision of mentorship visits by five provincial CCTs (Southern, Eastern, Copperbelt, North Western, Central and Lusaka) to 13 district CCTs. A total of 28 healthcare workers were mentored in various clinical areas including surgical operations and conducting cesarean sections.

- The North Western provincial CCT mentored Zambezi, Ikelenge and Mwinilunga district CCTs and mentored 15 healthcare workers in clinical, laboratory and ART skills. Most skills' gaps centered on staffing, documentation, history-taking and examination. Health facilities also faced challenges in supplies of commodities.
- Southern Province conducted this activity in seven districts (Mazabuka, Monze, Gwembe, Pemba, Choma, Kalomo and Zimba). The model site in Kalomo (Namwianga) was visited and found to be doing well in QI with completed projects. Mentorship had also been done by the Kalomo district CCT. Documentation in all seven district CCTs was adequate for both mentorship and QI in all districts except Mazabuka, Pemba and Zimba. The Kalomo District CCT will support Zimba while Choma District CCT will support Pemba to ensure documentation of these activities improves.

Clinical Mentorship: While there are many strategies for QI, clinical mentorship remains one of the key approaches in the clinical area. Clinical mentorship addresses knowledge and skills' gaps in all clinical and support functions. In quarter two, ZISSP supported 35 district CCTs across eight provinces (Central, Southern, Lusaka, Northern, Muchinga, Western, Luapula and Western) to conduct mentorship in multi-disciplinary fields. These district CCTs provided clinical mentorship to 980 health workers (485 males, 495 females) in various clinical and support functional areas (Focused Antenatal Care (FANC) and post-natal care, FP, EmONC, prevention of mother-to-child transmission of HIV (PMTCT), ART management, IMCI, malaria, pharmacy, laboratory, nursing care, etc.) through 1,552 mentorship sessions.

ZISSP has exceeded both fiscal year targets (3,212, based on a target of 3,000) and life of project targets (9,585, based on a target of 9,200) (**Figure 1**). With targets achieved, ZISSP has now completed the support for this activity. (For future implementation, ZISSP is working with MOH and MCDMCH to ensure that these activities are included in district and health facility annual work plans and budgets.)

Figure 1: Clinical mentorship targets reached under ZISSP, by gender, fiscal year and life of project



Support to MOH Clinical Care Officers' (CCO) Planning and Coordination Meeting: CCOs are the coordinators of both mentorship and QI at district level and, as such, CCOs play an integral role at district level in ensuring planning for the implementation and coordination of these two activities. In quarter two, ZISSP supported two CCO meetings in Central and Western Provinces, to strategize on district mentorship and QI activities as well as share best practices. Identified challenges included inadequate trained staff available at facility level in both QI and mentorship, lack of ownership of QI by some DCMOs, and inadequate support for the QI and mentorship activities from the provincial level. Districts were encouraged to take ownership and scale up QI activities to all facilities in their respective districts. The participants recommended that the province convene a meeting for all District Medical Officers to discuss QI activities in their districts. Western Province developed a format to use for their mentorship and QI work plans. Central Province finalized the weekly and quarterly reporting templates, provided malaria and ART updates, and discussed mentorship and QI activities in the districts after ZISSP withdraws support. In Central Province, CCOs felt that a key challenge was a high dependence on ZISSP financial support. The province also had new CCOs in some districts that were not familiar with mentorship and QI. The CCO meeting served as their initial orientation, and the province will identify further ways to orient them (e.g., suggestion of doing this as part of the planning process.)

Support for Clinical Meetings: Clinical meetings are important for the continuous development of the staff as well as addressing weaknesses in case management observed in a facility. These meetings are routine and held in response to the identified performance gaps

in managing cases and according to the morbidity and mortality picture of the institution. ZISSP supported five district CCTs from a total of four provinces (Luapula, Western, Lusaka and Southern) to conduct six clinical meetings attended by facility staff and members of the district CCT.

2.2 Management and Leadership

Support for the MOH Annual Planning Process: The 2014 annual planning process commenced on 26th June 2014 with a two-day meeting co-hosted by the MOH/MCDMCH with Provincial Medical Officers. At this meeting, program officers from both Ministries shared their performance in the previous year and their priority focus areas in their respective programs for the next Mid-Term Evaluation Framework (MTEF) period (2015-2017). Prior to this meeting, program officers reviewed performance indicators in their respective programs for the previous year and the first six months of 2014. This is an annual activity previously funded by ZISSP. However, this year both Ministries funded the activity, which is a sign of ownership and sustainability of the process. There was an improvement in the manner in which the MOH developed updates compared to previous years (in terms of providing more clarity on issues and using expenditure information when reviewing implementation progress of the plans), although MCDMCH requires more improvement.

The printing of 1,000 copies of the *Step-by-Step Guide to Planning*, which was developed with ZISSP support in 2013, was still going on at the time of the launch (anticipated completion is in July). Despite the delay in the final printing, the electronic version of the guide continues to be used as a key resource document during planning when it comes to setting health priorities.

ZISSP provided district-level technical and financial support to eight districts from three provinces ((Eastern (three districts), Southern (two districts), and Central (three districts)) to review performance indicators for 2013 and the first half of the year 2014 and to identify priority health programs areas for 2015-2017 MTEF periods. Both the performance of program indicators and action plans were reviewed during this process. In Eastern Province, Zambia Management and Leadership Academy (ZMLA) problem analysis and definition concepts were used to guide priority setting.

Sixty-seven participants (41 males, 26 females) from all eight districts attended the Lusaka Province meeting, including representatives from Chongwe District Hospital, Levy Mwanawasa Hospital, and implementing partners. The Lusaka meeting was co-funded by ZISSP, Centers for Disease Control and Prevention, Phillips Zambia, and the PMO (which refunded transport costs refunds and paid out-of-pocket allowances). This is a demonstration of strong partner collaboration. ZISSP will support similar activities in target districts in the remaining six provinces in quarter three.

As part of the documentation of ZISSP's work, ZISSP plans to document experiences related to ZISSP-led government health planning initiatives. A consultant has been hired to collect qualitative data from the national MOH/MCDMCH headquarters, three selected provinces (Lusaka, Luapula, Eastern), as well as one district, one hospital, one health center, and one community from each of the three provinces. The protocol and data collection tools were finalized at the end of quarter two and ZISSP obtained local ERB approval. Data collection is expected to commence by the third week of July, with completion of the report by mid-August.

Support Data Quality Audit (DQA) Guideline Development, and Orient Provincial Program Officers to the Guide: In quarter two, ZISSP initiated the process for printing

2,000 copies of the first version of the DQA Guide, which was developed in 2013. The guide standardizes the process of auditing health information in the health system, and also ensures that the data collected, reported and utilized by the health system are of unquestionable quality so as to effectively direct decision-making at patient/client, health care delivery system and health system management levels. The MOH will be responsible for dissemination of the DQA guide.

ZISSP provided technical and financial support to orient 41 program officers (28 males, 13 females) from five provinces in the application of the guide. This brings the total to 82 (61 males, 21 females) oriented to the guide since January 2014, out of a target of 100 persons. The remaining province (Western) started their orientation course on 30th June, 2014 with nine participants. ZISSP will fall short of the fiscal year target by nine persons due to the provinces sending fewer participants than ZISSP had estimated (the estimation was based on ten program officers from each of the ten provinces).

Support to the National Health Accounts: Data collection for 2011-2012 expenditure period, which was scheduled to commence in March 2014, had not started at the time of reporting due to funding gaps at the MOH and MCDMCH. ZISSP continued to engage both ministries on this challenge, and the WHO has recently made a commitment to release funding through MCDMCH to cater for the funding gap. Both ministries hope to commence this 14-day exercise in mid-July in five provinces (Lusaka, Copperbelt, Northern, Muchinga and Southern). ZISSP has committed to support 12 enumerators to collect data from the five provinces and will hire an external consultant to assist with data analysis and drafting of the first report (expected in August 2014).

Support to the Bi-annual PA and Technical Support Process: ZISSP continued to provide technical support to the MOH in the area of performance monitoring to ensure the delivery of quality health services at all levels of the health care system. Of note, a team of assessors from MOH and MCDMCH headquarters joined Northern and Muchinga Provinces for PA activities in their districts in quarter two, including a visit to Chilubi, a ZISSP target district. The quarter two visit identifies actions taken in response to quarter one PA findings. Findings from the visit revealed that Chilubi District had improved their performance in the following areas: The district had revised its action plan after the quarter one PA; the district had implemented 80% of what they had planned to implement in the first six months of the year; and the district had initiated quarterly meetings, holding their first meeting in quarter two to analyze data and discuss HMIS indicators. At least 70% of the recommendations from the quarter one PA visit had been implemented. This performance could be attributed to ZISSP's support for districts to hold preparatory meetings prior to the PA activities in the first quarter, resulting in better planning, implementation, and monitoring of health programs.

The MOH has not yet completed developing an orientation package and evaluation tool for PA that is linked to the ZMLA concepts. However, MOH still hopes ZISSP or any upcoming project could still support their efforts in developing and implementing these innovations.

Support the Roll-Out of ZMLA: ZISSP, with its implementing partner BRITE, completed Phase 2 ZMLA trainings and mentorship in the remaining 18 ZISSP target districts. A total of

160 (113 males, 47 females) out of the enrolled 177 trainees[3] completed all four workshops, representing a retention rate of 90%. There has been a reduction in attrition due to the post-training mentorship that has been built into the training curriculum. The National Institute for Public Administration (NIPA), which is the approved government implementing and accrediting body, is in the process of marking trainees' case studies and individual projects to determine the number that will qualify for diploma-level qualification.

The ZMLA program has influenced positive changes in the approach to performing management functions by the trained managers. For example, the trained manager at Chilonga Mission Hospital has been more inclusive in his decision making processes. Senior Nursing Officer, Sister Veronica Mwale, shares, "Because of Dr. Nsumpi's new approach to management, he consults us regularly. We analyze problems as a team and spend time to understand the root causes of problems before we try to solve them."

The ZMLA team at Musofu Rural Health Center in Mkushi District reviews PMTCT data with health center staff for the case study component of ZMLA.

The ZMLA-trained District Pharmacist in Mkushi has introduced team work into problem-solving. She feels that ZMLA renewed her enthusiasm and confidence in her ability to fulfill her job responsibilities. "ZMLA has indeed changed the way I work for the better, and the skills and tools are enabling me to be a better manager."

With the completion of Phase 2 training and mentorship, the overall total number of persons trained in ZMLA since inception is 552 (393 males, 159 females), exceeding the ZISSP life-of-project target of 540. However, to reach the target of 720 set by Merck (a co-funder of ZMLA), BRITE has initiated Phase 3 of ZMLA by recruiting 112 more participants from four provinces (Lusaka, Southern, Central, Copperbelt). The first training workshops for Southern and Copperbelt cohorts started on 30th June, and all training and mentoring activities are expected to be completed by 30th September 2014.

Preparations for the ZMLA end of project evaluation have reached an advanced stage. By the end of quarter two, all protocols had been completed, ethical approval was obtained from ERB, and a local consultant was hired. Data collection is expected to commence in early July. The study will provide information on the performance of the program over three years of implementation, identifying lessons learned and making recommendation for the future.

2.3 Malaria

2.3.1 Support for Indoor Residual Spraying (IRS) Program in 20 Districts

Transition of activities to Africa Indoor Residual Spraying (AIRS) project: From May 2014, all IRS activities were transitioned to the AIRS project. The remaining IRS activities under ZISSP are only those being led by the subcontracts (LSTM and Akros Global Health). During the quarter, the team spent much of the time reviewing and finalizing the AIRS Zambia work plan and budget.

[3] ZISSP had targeted 198 for enrolment, but some invited participants (particularly those who hold senior positions at hospitals) did not show up for the workshops.

Micro-Planning: In May 2014, ZISSP/AIRS provided support to the National Malaria Control Center (NMCC) and MCDMCH to hold two micro-planning meetings for the IRS Managers and District Planning Officers from districts funded by the President's Malaria Initiative (PMI) or the United Kingdom Department for International Development (DFID). The first meeting combined participants from the Central and Luapula provinces, and the second meeting combined participants from Eastern, Muchinga and Northern provinces. These meetings, which introduced the concept of micro-planning, assisted the districts to plan for the 2014 IRS implementation period and quantify all IRS requirements from the district's perspective. This training enabled the districts to produce smart plans for IRS implementation by using evidence-based data to focus targeting, developing supervision and monitoring plans, making spray calendars by operating site, and developing the social mobilization plan. By the end of the meetings, each district had a micro-plan as the basis of implementation which can also be used to hold the district accountable for implementation.

Insecticide Resistance Management Plan: The insecticide resistance management plan defines the strategy for effective management of insecticide resistance in accordance with the WHO Global Plan for Insecticide Resistance of Malaria Vectors. The MOH, with technical assistance from ZISSP, has put in place a program which aims to direct the malaria program into using effective insecticides for control, while moving away from mono-therapy. The resistance management plan, the first plan of its kind for Zambia, has been submitted to the NMCC for review and approval.

Support to Insecticide Resistance TWG: The Insecticide Resistance TWG meeting took place on May 9th in Lusaka to get updates from the various stakeholders and ultimately decide on the insecticides to be used in 2014. The TWG produced two major recommendations based on the known resistance in Zambia:

- In order not to rely on a single class of insecticide, DDT ("dichlorodiphenyltrichloroethane") will be introduced into areas where *An. funestus* / *An. arabiensis* are dominant (e.g., Eastern Province) in 2015.
- Areas sprayed with DDT should rotate back to organophosphate in 2016. Based on the M&E data, areas that have been sprayed for two years with organophosphate will rotate to another class of insecticide.

The above recommendations aim to avoid the development of resistance to organophosphates while attempting to reduce resistance to the other classes of insecticide.

2.3.2 Malaria Prevention and Case Management

ICCM Training and TSS: In quarter two, ZISSP supported MCDMCH to train 187 community health workers (CHWs) (168 males, 19 females) and 71 supervisors (62 males, 9 females) in iCCM. The training targeted the six-week-trained CHWs and other community health volunteers (CHVs) who have not undergone the iCCM intervention training. Participants came from Chilubi, Mbala, Zambezi and Mwinilunga districts (Figures 1 and 2).

Figure 2: Number of community volunteers and supervisors trained in iCCM by district, April – June 2014

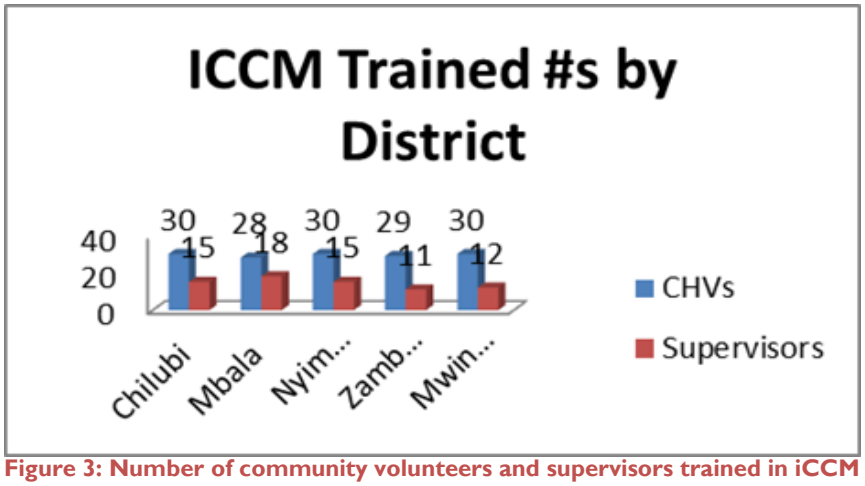
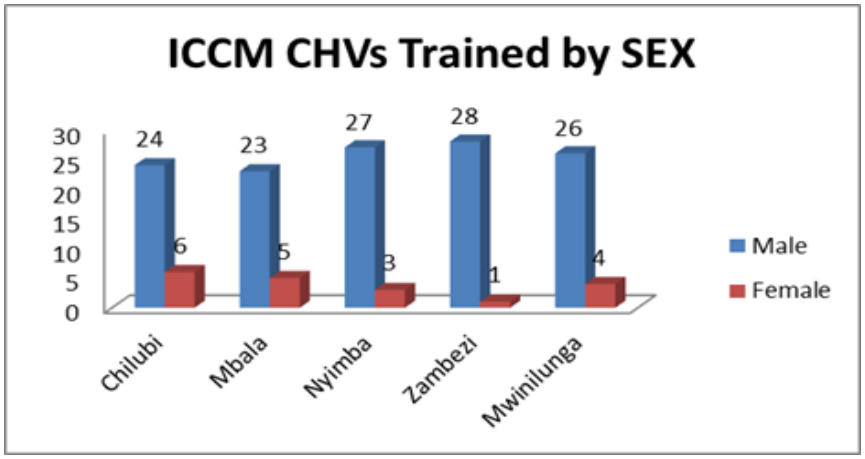


Figure 3: Number of community volunteers and supervisors trained in iCCM by gender, by district (April – June 2014)



The training equipped supervisors with the knowledge and skills in iCCM for effective supervision and provision of support to the trained CHWs. CHWs learned to identify signs of common febrile childhood illness of malaria and pneumonia, to test children with fever for malaria, and to identify malnutrition. The training transferred skills to CHWs on how to give basic treatment (oral rehydration solution and zinc for diarrhea; antimalarial medicine for children with fever who test positive for malaria; and/or an antibiotic for children with cough or difficult breathing). The training also strengthened the communication skills of CHW in the provision of health education to communities and families in care of sick children at home.

Based on the feedback from the provision of technical support and supervision, the following lessons learned could be useful for current and future implementation:

- There is a need to engage a secondary supervisor (who should be a volunteer) to supplement the busy health facility supervisor, whose engagement in several other facility-based clinical activities hinders the quality and consistency of supervision provided. Frequent supervision increases quality of service provision by and motivation of the CHV as well as utilization of services by the community.
- There is need for an integrated approach in the provision of community-based interventions, i.e., the provision of a holistic service package that would include training iCCM volunteers as Safe Motherhood Action Group (SMAG) members and CBDs, for example.

- There is need to improve the management of community data (e.g., expanding the applications of mobile health mechanisms), including simplified ways to improve accountability, ensure quality, and address logistics to avoid stock outs.
- Lack of equipment and supplies for the CHVs (e.g., acute respiratory infection timers, mid-upper arm circumference straps) affects implementation of community case management and de-motivates the CHVs.
- Poor supply chain data management makes drug consumption forecasting difficult and unreliable and therefore stock outs are unavoidable. Frequent stock-outs impact the level of community utilization of services offered by CHVs, which reduces return on investment of training the CHVs. Stock-outs also reduce the availability of starter packs (essential equipment and supplies for the CHVs) at the completion of CHV post-training attachment to the health facility, contributing to their attrition.
- Absence of lockable portable medicine boxes for storage of drugs in the CHV homes increases risk of abuse and theft.

Support to Malaria Case Management TWG Meetings: ZISSP offered technical and financial support to the NMCC to hold two Malaria Case Management TWG meetings. The TWG finalized the review and updating of the *Guidelines for the Diagnosis and Treatment of Malaria in Zambia*. Updates include the increase of intermittent preventive treatment of malaria for pregnant women (IPTp) from at least three times throughout the pregnancy to providing IPTp monthly after the first fetal movement (quickening), addition of injectable Artesunate for severe malaria in adults, and the addition of an alternative first line antimalarial dihydroartemisinin plus piperaquine (DHA+PPQ) for uncomplicated malaria. ZISSP supported the launch of the updated *Guidelines for the Diagnosis and Treatment of Malaria in Zambia* during the Southern African Development Community Malaria Day in April.

With NMCC and the TWG, ZISSP provided technical support to develop a concept note for the Global Fund for Malaria. This document was finalized in June 2014 and submitted by the TWG through NMCC to the Global Fund.

Support for the FANC TWG: In quarter two, ZISSP provided financial and technical support for one meeting of the FANC TWG, which is organized by MCDMCH. Stakeholders provided updates on activities at the meeting. ZISSP provided an update on progress toward the review and updating of the FANC training materials to align with the WHO and country-specific updates. Specific adjustments to the materials included:

- The inclusion of option B+ in the PMTCT guidelines (which requires all HIV+ pregnant women to start anti-retroviral medication immediately regardless of their CD4 count),
- IPTp regimen updated: Fansidar to be taken monthly after quickening (16 weeks following the last menstrual period) and consumption of up to five doses as long as the doses are given one month apart during the pregnancy. (Previously Fansidar was consumed three times in the second and third trimester.)
- The Folic acid regimen updated from five micrograms to four micrograms for iron supplementation during pregnancy.

These materials are now in final copy and ready for use.

2.3.3 Malaria Surveillance System (Active Infection Detection (AID) Step 3) in Lusaka and Mumbwa Districts

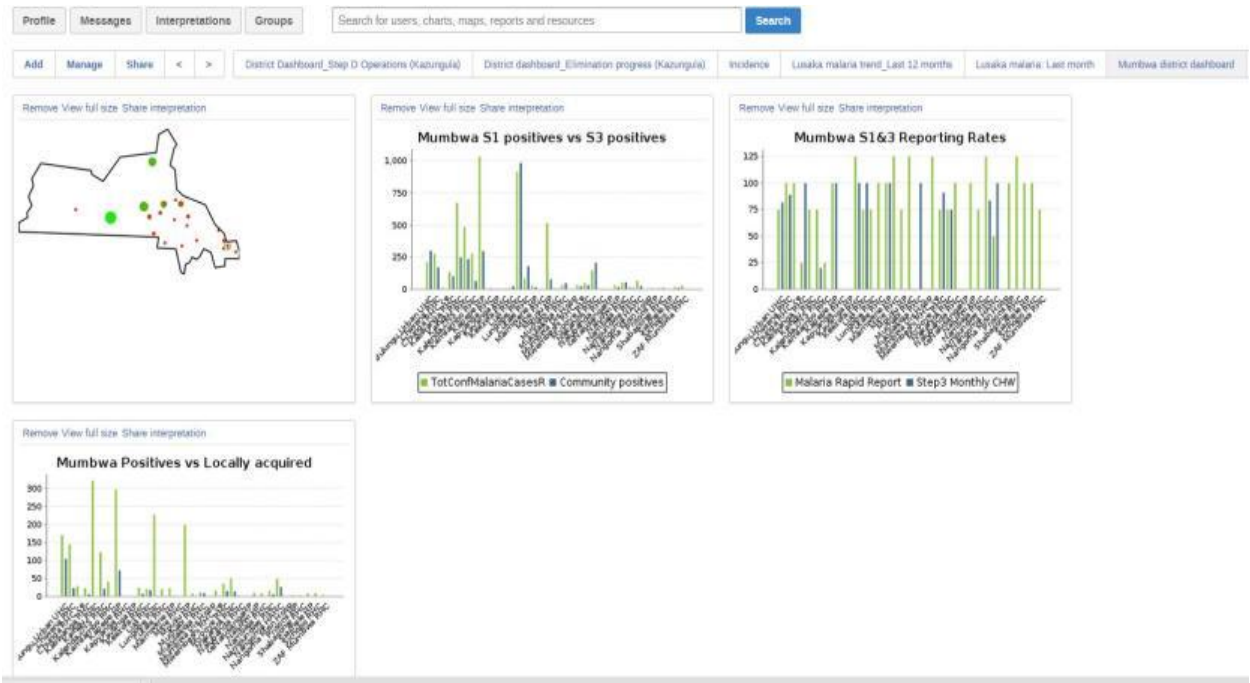
In 2011, Lusaka District instituted a monthly data collection exercise for malaria data coming from all public health facilities in the district in collaboration with the NMCC and partners. In April 2013, the paper-based data collection system transitioned to a "real time" mobile data capture system that collects and sends data directly to an online platform called the District Health Information System (DHIS2). As of quarter two 2014, DHIS2 has collected over a year's worth of data from these clinics. In quarter two, the DMCO embarked on a monthly review of these data to identify anomalies and potential areas of outbreaks of malaria.

In quarter two, ZISSP (through Akros Global Health) initiated a more comprehensive cleaning exercise, in which health facilities are reviewing all records to increase the accuracy, completeness and consistency of the dataset. These data will also be used to help the HMIS team easily identify anomalies in their data set, and ZISSP anticipates that the data review process will improve overall data quality within Lusaka, resulting in cleaner data for use during decision making. A data review meeting is planned for quarter three to review progress on the data cleaning exercise and to define the next steps.

The AID program has continued in Lusaka and Mumbwa. In Lusaka, plans are still underway to transition this program to an electronic data platform that will eventually feed into DHIS2. Currently the data collection forms and suitable hardware for this activity are under testing. It is hoped that electronic data capture of AID activities in Lusaka will start in the next one month.

Mumbwa District Health Officers underwent a DHIS2 orientation to help them understand the data that are reported via mobile phones from CHWs. A district dashboard has since been developed that reflects key data from the immediate preceding month displayed in both charts and maps. The DCMO is able to access up-to-date information at any time using this interface.

Figure 4: Examples of data presentations using the DHSI2



2.3.4 Entomological Surveillance

Support and Mentoring to Environmental Health Technicians (EHTs) and CHWS: In quarter two, the NMCC, in partnership with ZISSP and Akros Global Health, carried out two supervision visits to 10 districts as a follow-up to the quarter one installation and handover of the district based electronic entomological surveillance database to 18 sites in 14 districts. The supervisory visits ensure that the collected specimen information is recorded appropriately on field collection forms and subsequently entered into the entomological surveillance database. Sentinel site visits also addressed logistical constraints, ensuring that specimens could be dispatched appropriately to the NMCC (for species assignment and quality control) prior to dispatch to the Malaria Institute at Macha (for secondary analysis and sibling species identification).

Specimen Quality Control and Secondary Analysis: National NMCC consultant entomologists have continued monthly morphological species assignment verification on specimens dispatched from 18 sentinel sites, a process facilitated by ZISSP through Akros Global Health. Information has been collected on the species assignment correlation between sentinel site EHTs and NMCC consultants, to ensure that targeted feedback can be provided to EHTs on field-based morphological identification deficiencies. Processed specimens have been forwarded to the Macha Reference Laboratory for further PCR-based ("polymerase chain reaction") sibling species assignment as per the agreed ZISSP-Macha Memorandum of Understanding (facilitated by Akros Global Health).

Distribution of New Equipment for Entomological Surveillance: Several sites had reportedly failed to continue deploying monthly surveillance sessions due to defective equipment, particularly batteries and chargers. In quarter two, ZISSP procured and distributed additional batteries and chargers to Chilubi Island, Mporokoso, Kaputa, Chipata, Mongu, Isoka, Chinsali and Kafue, and surveillance sessions re-commenced.

III. TASK THREE: Improve Community Involvement

3.1 Engaging communities in community health planning

During the period under review, the ZISSP Community Team at national level and the Community Health Coordinators (CHCs) at provincial level continued to provide technical support to the Neighborhood Health Committees (NHCs) and health centers to prepare for the national planning launch commencing in quarter three. The CHCs collaborated with health center staff to ensure that community plans prepared during the trainings of the NHCs conducted in quarter one would be included in the health center annual work plans.

3.2 Safe Motherhood

Training of Safe Motherhood Action Group (SMAG) Members: In quarter two, ZISSP grantee Community Health Restoration Program (CHReP) trained 89 SMAG members (13 males, 76 females) in Luanshya, including 10 persons from the DCMO and CHReP. Inclusion of CHReP staff and DCMO staff was a strategy to build district-level capacity for continued technical support supervision for SMAG members during their community meetings and during preparation of activity reports.

Job Aids Distribution to SMAGs: ZISSP distributed materials (e.g., T-shirts, boots, chitenge materials, etc.) to support the work of SMAGs in Mbala, Shang'ombo and Luanshya districts. This is also a motivating factor.

Adaptation of the Community-Based Maternal and Newborn Life Saving Skills (CBMNLSS) Curriculum: With financial support from ZISSP, MCDMCH, and MoreMAMaz,[4] a five-day meeting was held with 25 participants to provide technical input in the process of adapting the SMAG training curriculum. Participants were drawn from MCDMCH, WHO, United Nations Children's Fund (UNICEF), World Vision, MoreMAMaz, Communication Support for Health, and representatives from PMOs (Lusaka, North Western, Western) and DCMOs (Serenje, Lusaka). The Director of the Department of Mother and Child Health, Dr. Caroline Phiri, officially opened the meeting and provided guidance on how the adaptation process was to proceed and be managed. She directed that the CBMNLSS curriculum (which ZISSP had introduced through ACNM) was to be used as a working document which could be improved and strengthened to enhance the SMAG training. The adapted CBMNLSS curriculum will subsequently be used for all future training of SMAGs in Zambia. MCDMCH staff guided the curriculum review process over the five days, through small working groups reviewing different sections of the curriculum.

Saving Mothers, Giving Life Endeavour (SMGL): In quarter two, ZISSP continued to support SMGL activities and coordination in Kalomo, Mansa, Lundazi, and Nyimba districts. ZISSP provided financial and technical support to the PMO and DCMO to hold partner coordination meetings, convene MDSR meetings, and provide technical support and supervision through the SMGL provincial and district coordinators.

[4] MoreMAMaz is *Mobilizing Access to Maternal Health Services in Zambia*, managed by Health Partners International and funded by UKaid from the Department for International Development.

Mansa District held two SMGL partner coordination meetings to create awareness on maternal and neonatal issues and to enable partners to share progress in planned intervention areas. Amongst other action points, participants agreed that the use of constructed maternity wings and mothers waiting shelters for other purposes in Chembe and Ndoba should be stopped. (In Chembe, the shelter was used as an office, and in Ndoba the shelter used as registry.) The second partner meeting in Mansa coincided with the visit by SMGL leadership from Washington, who visited Mibenge and Lubende health centers. A midwife at Lubende received a certificate of recognition from the USAID for her hard work and commitment to safe motherhood. Within the quarter, the USAID Mission Director visited Ndoba RHC and met with SMAG members.

CHCs and SMGL Coordinators conducted TSS visits to health facilities and SMAG groups in all four SMGL districts. The TSS focused on building skills in SMAG reporting and record-keeping and strengthened linkages between health center staff and SMAGs in support of the implementation of community activities.

MDSR meetings were held in Mansa, Lundazi, Nyimba and Kalomo. In quarter two, Mansa District recorded six maternal deaths, but errors were discovered with how the maternal deaths were captured in the HMIS. These errors bloated the actual figures for Mansa District, as they captured deaths that occurred in the community (rather than just those in the facility) and also captured deaths from persons from outside the district that occurred at Mansa General Hospital[5]. As a follow-up to the meeting, PPAZ pledged to support the Mansa DCMO to follow up the deaths in the four health centers their organization supports.

3.3 Grants Program

Funds Disbursement: ZISSP disbursed K2,622,719.04 between April and June 2014. Funds were disbursed to all 2nd cycle and cost extension grantees (Adolescent Reproductive Health Advocates, Kalomo Network of People Living with HIV, Mumuni, Group Focused Consultations, Development Organization for People Empowerment, Luangwa Child Development Agency, Global Esthetes Mine, CHReP, Community Integrated Health Education Programme, Center for Infectious Control Research in Zambia (CIDRZ), Thandizani, Rising Fountain, Child Fund, and World Vision). Funding has supported implementation of activities including inception meetings with district government staff and stakeholders for coordinated planning, monitoring and evaluation activities, and various trainings (for peer educators, SMAGs, CBDs, drama groups, and on topics such as iCCM). During the period under review, ZISSP implemented an improved disbursement mechanism that enabled grantees to conduct activities in a timely manner. Monthly reports and funding requests came in on time with minor queries.

The total cumulative amount disbursed in the first six months of 2014 was K4,005,385.20, 71% of the targeted K5,640,000 to be disbursed by August 30, 2014. ZISSP has developed a plan to have all the remaining grantee funds disbursed before the end of July in preparation for the close-out process.

[5] Provincial- and national-level referral hospitals (for example, Mansa General and University Teaching hospitals, respectively) should report only report deaths of patients referred from clinics within the district. For patients referred from outside the district, these deaths are reported by the referring district (communicated via the referral feedback process). This system enables districts to track deaths by population and by geographic area to better identify gaps in programs, service delivery, or systems in that particular district which contributed to the death.

Revision of Project End-line Dates: To facilitate a smooth close-out process for grantees, ZISSP, in consultation with Abt, moved up the end date for all project implementation by all grantees to August 31st, 2014. Modification letters were signed between Abt and grantees. All 1st and 2nd cycle grantees have since submitted modified implementation plans to ZISSP, which were realigned to ensure the timely implementation of activities in line with the revised time frame. Close-out processes have also been planned for no-cost extension grantees (World Vision-Sinazongwe Area Development Program and CIDRZ-Luangwa).

TSS to Grantees: In quarter two, all grantees received technical support, which was provided by the ZISSP capacity-building staff, the M&E team, CHCs, and national, provincial and district grant support teams. TSS visits monitored grantees' progress in accomplishing planned activities within the approved budget and achieving set objectives. ZISSP provided technical support to assist grantees with their performance according to planned milestones and technical standards. The following information is excerpted from the supervision visits:

- Grantees were working in close partnership with the DCMOs on implementation, including the training of community volunteers (SMAGs, CBDs, drama groups, and in iCCM), to ensure uniformity and conformity to policy guidelines.
- The TSS continued to provide support to some grantees with weak financial practices (e.g., not updating the cashbook and bank reconciliation daily and monthly, weak filing systems and receipting practices).

3.4 Behavior Change Communication (BCC)

SMAG Radio Distance Learning (RDL) Program: The RDL program targets SMAGs with education to promote community engagement, dialogue and reinforcement of safe motherhood messages. In quarter two, ZISSP continued the re-airing of the RDL program for SMAGs on five community radio stations (Namwianga, Breeze, K-FM, Icengelo and Mwinilunga). Out of 26 programs, 23 had been aired by the end of quarter two. Evaluation forms from all the 18 listening groups in Mwinilunga, Kalomo, Mansa, Masaiti, Nyimba and Mambwe districts were received and entered using the Statistical Package for Social Sciences (SPSS) data package. The re-airing of these programs is expected to end by mid-July 2014, resulting in a total of 180 newly-trained SMAG members (73 males, 107 females). These additional trained SMAG members will contribute to the promotion of community engagement, dialogue and reinforcement of safe motherhood messages. This will enhance the attainment of the Millennium Development Goals 4 and 5, which aim at improving the health status of child-bearing women and children under-five years in these catchment areas.

Members of the RDL listening group in Masumba, Mambwe District

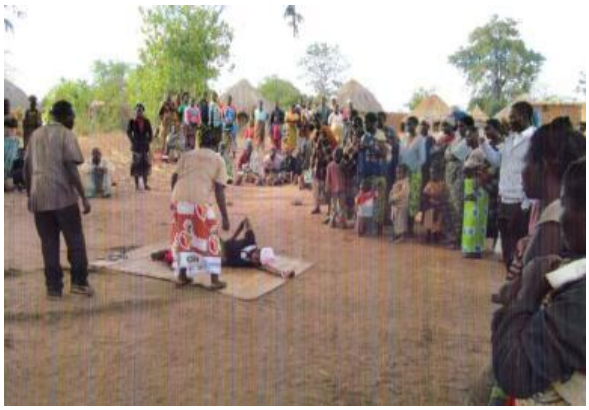
Traditional Leaders as Change Agents: ZISSP supported the training of 650 traditional leaders (565 males; 85 females), including headmen and Senior Chiefs, in the use of the Integrated Health Toolkit that seeks to engage traditional leaders as change agents. The trained traditional leaders will provide support to the activities of community-based volunteers (e.g., SMAGs, NHCs, CHWs) in sensitizing community members and implementing health prevention and promotive activities. Traditional leaders will act as role models to motivate other community members, and they will be advocates for adopting positive healthy lifestyles, resulting in productive and healthy communities.

Traditional leaders participating in the orientation of the Integrated Toolkit in Dimbwe, Kalomo District.

End-line Survey for Drama and the RDL Program: ZISSP, through partner JHUCCP, made progress on the planned end-line survey of the community drama and RDL program. The evaluation is aimed at measuring the influence of the trained community volunteers and drama groups on safe motherhood attitudes and behaviors in Zambia and will help determine the relevance of these community volunteers in future programming. During the quarter under review, ZISSP was able to identify and complete the contractual process for the firm hired to conduct the evaluation of the RDL program. Tools for the evaluation of the RDL program were developed and submitted to the local ERB, Abt Institutional Review Board (IRB) and the JHU IRB for approval. The local ERB came back with questions that needed to be addressed, including a request that JHUCCP translate tools into local languages, which will delay the process.

Support to Community Mobilization for Round 1 Child Health and Safe Motherhood Week: ZISSP supported the national launch of the Safe Motherhood week in April by paying for airspace at the Zambia National Broadcasting Corporation (ZNBC). ZISSP also supported community mobilization for Round 1 Child Health Week in June in 11 districts (Chongwe, Kalomo, Lundazi, Mwinilunga, Zambezi, Solwezi, Masaiti, Shang'ombo, Mambwe, Mkushi and Serenje). Community mobilization activities included the use of community radio stations (radio interviews and spots on child health topics), a public address system, drama performances, meetings with stakeholders and traditional leaders, and door-to-door sensitization by NHC and SMAG members. This support contributed to the high coverage for Child Health Week activities, such as in Shang'ombo District where Nangweshi RHC achieved 92% and 90% coverage for Vitamin A supplementation and polio vaccinations, respectively.

Support to Strengthen Health Center and Drama Group Performances at Community Level: In quarter two, ZISSP provided financial and technical support to drama group performances in Mansa, Mwinilunga, and Kalomo districts. Drama groups in these districts sensitized community members on various health issues: malaria prevention, child health services, importance of family planning, antenatal care, PMTCT, diarrhea prevention, supervised deliveries, and gender based violence.



Ndoba drama group in Mansa performs a drama on safe motherhood.

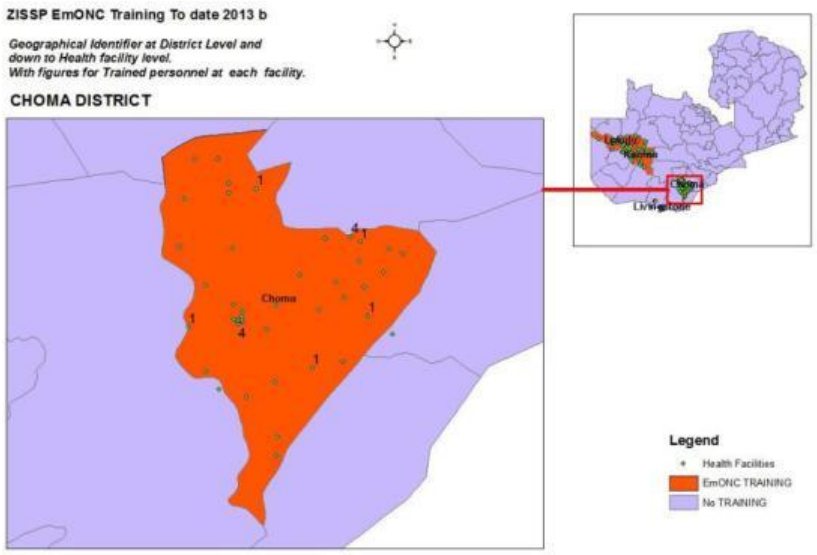
IV. Crosscutting Program And Management Support

4.1 Monitoring and Evaluation (M&E)

Program M&E Database: The successful migration of data from an Excel-based database to a Microsoft ACCESS database system has significantly improved data reporting, accuracy, integrity and security. This new system has reduced time spent in data cleaning prior to generating the reports. Furthermore, the new system has significantly enhanced the reporting of monthly and quarterly data by program staff. However, the M&E team has continued to run the two systems in parallel for quality control of data entry and backup purposes.

Data Mapping: ZISSP generates maps for its program training and mentorship using the new M&E ACCESS database, which has been designed in such a way that maps can be produced to show different variables such as province, district, gender and facility. ZISSP uses ARC Geographical Information System (GIS) software to generate and update program training and mentorship maps internally by linking the new ACCESS database to the ARC GIS software.

Figure 5: An example of one feature of the ARC GIS software. This map was generated to show the number of persons trained in EmONC by health facility, showing the exact location on the map.



During the period under review, two members of staff from the ZISSP M&E unit attended training on the DHIS2 conducted by Akros Global Health.

Reporting: During the quarter under review, the M&E team continued tracking training registers on a monthly basis by working closely with the Finance Department. Tracking training registers strengthened the follow-up system through monthly monitoring of trainings completed in comparison to what was planned. The team has also continued using the data management flow chart, which has since improved the data tracking and data quality management. The flow chart shows the systematic step-by-step process of data submission and verification and acts as a QI measure for data quality management. This system has improved both data quality and management.

The team continued to review and provide continuous updates to the program staff on the life-of-program achievements against targets, providing up-to-date information on where numbers stand and therefore, what remains to be done, to help program staff strategize how best to achieve their targets.

The Performance Monitoring Plan with the Quarter 2 achievements against targets and the life of project achievements and targets for all indicators is shown as **Annex 1.** The number of people receiving technical training support from ZISSP is shown as **Annex 2.**

Data Quality Audit: The M&E team conducted DQA field visits in Southern Province to validate data submitted by program staff. DQA was done for 40 facilities in three districts (Kalomo, Sinazongwe and Gwembe), auditing 503 health workers. Of the 503 health workers who were either mentored or trained, 87% (438) were still working at their station at the time of the audit while 10% (50) had been transferred or had gone to school and 3% (15) were either retired or resigned.

Technical Support: The M&E team provided technical support during the finalization of a number of program assessments that were carried out across multiple technical areas. These reports included *A Rapid Assessment of the Long Acting Family Planning Training of Healthcare Providers* and *An Assessment of the Knowledge, Altitude and Practices of Health Workers towards the ART Accreditation Program*.

The M&E team continued to provide technical support to build capacity among the grantees in management and reporting of data. The team provided support to six grantees in strengthening their M&E systems, with a focus on data quality, management and reporting. The team continued to strengthen the working relationship with the MOH, MCDMCH and other stakeholders through participating and providing technical assistance at TWGs and other meetings.

Strengthening Management of Research Activities: The M&E team actively participated in the ZISSP research committee. This committee provides oversight and coordination of the various program end line evaluations and process documentation that are planned as part of the ZISSP end of project deliverables. M&E worked closely with the program staff and the team from the Abt home office in developing concept papers and protocols for several program evaluations and documentation. As of June 30th, the programs that have been planned various end of project documentation include:

1. Evaluation of the QI activities in the model health facilities (quantitative analysis using extracted HMIS data, and qualitative data in the form of four case studies)
2. End line evaluation of the ZMLA
3. Evaluation of the effectiveness of the SMAG program (quantitative analysis using extracted HMIS data)
4. End line evaluation of the RDL Program
5. Documentation of health planning process best practices and lessons learned

Furthermore, the M&E Team has also actively participated in planning and developing three concept papers for the development of technical briefs:

1. To document the process of IYCF
2. To document experiences, lessons learned and critical policy decisions made resulting from ZISSP support in strengthening the TWGs
3. To document ZISSP's capacity building approach.

These concept papers were finalized at the end of quarter two, leading to the next phase of developing the briefs, which is still underway.

ZISPP collaborated with the USAID-funded Deliver Project in the development of a concept paper and data collection tools for a joint evaluation exercise regarding the reported imbalance in confirmed malaria cases versus ACT (Artemisinin Combination Therapy) consumption between 2012 and 2013 in JSI/ZISSP target districts.

4.2 Knowledge Management

All ZISSP reports, curricula, guides, presentations and other deliverables produced in quarter two received a technical review by ZISSP's technical writer as part of the document finalization process. The finalization process of the various ZISSP technical briefing papers is still on-going.

In quarter two, ZISSP field staff continued to collect success stories to showcase the effect of the program interventions on health in Zambia. With support from the technical writer, ten success stories were finalized in quarter two and ready for formatting at Abt, while fourteen additional stories were in the process of finalization. The program struggles with obtaining consent forms from the field to accompany the stories.

The technical writer supported ZISSP staff in the development of a poster accepted to the International AIDS Society Conference 2014 and a presentation accepted to the World Conference in Health Economics. In April, ZISSP received acceptance notification from the Global Health Systems Research Symposium, which will take place in Cape Town in late September. Of the five abstracts submitted by ZISSP, one was accepted for presentation (ZHWRS evaluation) and three were accepted as posters (participatory community health planning, SMAG volunteer participation, and community leaders as change agents).

To complement the on-going process of one-on-one writing skills mentorship, the technical writer initiated a series of weekly mini-workshops with ZISSP staff to build writing skills. Five such workshops were held in quarter two and are continuing in quarter three. The technical writer also supported cross-cutting activities, monitoring the all-ZISSP documentation tracking sheet in coordination with Abt home office staff and participated in the ZISSP research committee meetings.

4.3 Capacity Building and Gender

The ZISSP Capacity-Building and Gender Specialist provides cross-cutting technical support to all ZISSP components. During quarter two, the specialist provided technical support to the Reproductive Health Unit through the provision of technical guidance and facilitative support during the DEM curriculum review. The process involved the stakeholders' review of the existing curriculum, followed by experience-sharing and selecting appropriate content themes aimed at improving the current curriculum for the future.

The Capacity Building Unit provided technical support to the CHA Training School on the steps to follow regarding the withheld 2013 final examination results for the 2013 student cohort. (The University of Zambia had earlier withheld results due to anomalies with the compilation of continuous assessment marks.) The results have since been released, enabling progress towards arrangements for student graduation. During meetings with the school administration and the student practical site visits, the Capacity Building Specialist further provided technical advice on strategies to reduce congestion in some

practical sites as a way of ensuring that students obtained value-added practical training in the field.

The Capacity Building Specialist was part of the team that convened to review the MOH Gender Audit Report, undertaken in 2013 with support from ZISSP through an external consultant. The finalized report was still awaiting MOH signature at the end of quarter two, despite multiple follow-ups by ZISSP staff. Despite this delay, results of the report have since been included in the roll-out of gender orientation currently being undertaken by the MOH.

The continued absence of a dedicated MOH counterpart for Capacity Building (Human Resource Development) has to some extent affected the follow-up and timely accomplishment of some activities, such as the signing of the Gender Audit Report and its consequent dissemination in the provinces. At MCDMCH, however, the Capacity-Building Specialist was able to work through the Chief Human Resources Management officer and in collaboration with specific ZISSP-seconded staff on the community health planning activities.

4.4 Finance and Administration

Finance: As of June 30th, 2014, ZISSP spent a cumulative amount of US$ 75,022,303 against the current obligations of US$ 84,489,701. Cumulatively, ZISSP has spent 85% of the total project estimated ceiling of US$ 88,092,613.

During quarter two, the ZISSP Finance and Administration Department focused on the following activities:

- Finalized the inventory reconciliation and verification exercise
- Provided field financial support to grantees
- Supported the implementation of the quarter's planned activities through provision of logistics and procurement of goods and services
- Successfully supported the implementation of IRS projects such as the procurement process for the insectary and field activities
- Implemented the Geotab system in conjunction with the IT department, which will allow for more efficient monitoring and control across the offices. The provincial offices will be able to utilize the Geotab system based on the rights allocated to them. This will also enhance the reporting on the fleet management.

The department experienced and resolved challenges during the quarter, including short-notice funding requests, problems with fuel availability using the TomCard at value-added tax (VAT)-exempted filling stations, and delays in clearing imported materials from customs leading to extra storage costs.

Human Resources: ZISSP has a total of 95 staff: four senior management staff, 51 technical staff, 16 finance and administrative staff, and 24 drivers. During the quarter, two new employees joined ZISSP as Grants Capacity Building Officers, and seven positions were declared redundant due to ZISSP scaling down activities (Malaria Team Leader, Senior IRS Advisor, IRS M&E Specialist Manager, GIS Specialist, Logistics Advisor, Insectary Technician and Assistant Accountant). (These staff transitioned into AIRS in June 2014). In addition, one employee (the Entomologist) was dismissed.

IT: The IT team completed IT inventory and received comments back from management for consideration. As part of this exercise, the IT department started close-out preparations to assess and verify the state of equipment.

Following an upgrade of the International Computer Driving License (ICDL) system, the IT team communicated ICDL training session plans to ZISSP staff with the goal of having as many members of staff as possible receive the ICDL certification before ZISSP closes.

In line with the existing Service Level Agreement (SLA) for IT maintenance of ZISSP equipment, machines were serviced for the last time under the current contract. The SLA reduced in the number of machines going out for repairs. IT has reflected that there is still a need for an expedited process for replacement of defective parts and recommends consideration of extended warranty of computers in the future to reduce the cost of replacement parts.

Geotab System Upgrade: The Geotab system, used to manage the ZISSP vehicles, underwent an upgrade in quarter two. The service is now web-based and accessible via the cloud, freeing up disk space on the server. There is now the ability to create users with varying access levels, enabling users at the province to be given access to how their vehicles are being used. The system is now able to have critical alerts created which, among other things, will send emails for incidents such as speeding, long periods of idling (wasting fuel), sudden vehicle stops (could be an accident), next critical service of vehicle, and fuel analysis.

V. Challenges and Solutions

CHALLENGES	SOLUTIONS
HRH: Constant transfers of staff in senior positions from the MOH DHRA leads to loss of institutional memory, loss of momentum for implementation of key programs and a decrease in morale.	ZISSP will focus on orienting the new HR staff, as control of staff transfers is beyond ZISSP control.
HRH: Concerns about the ability of the MOH to sustain HRH systems created with ZISSP support (e.g., Performance Management Program, HRIS).	ZISSP will continue to advocate and sensitize management in the DHRA towards taking the lead in different aspects: prompting demands for reports from the MOH HRIS; sending reminders for the preparation of individual work plans; and undertaking staff assessments when these are due.
HRH: Some health facilities lack computers to facilitate effective rollout of computerized systems such as HRIS.	If a hospital does not have a new computer, they are using an old one for the present time. Some MOH health facilities have been able to purchase computers. ZISSP will advocate to government and PMOs to consider purchasing computers and/or replacing old computers for all health facilities.
HRH: The lack of clear HRH strategic direction following the split of MOH functions between MOH and MCDMCH. The two Ministries are still working on their restructuring plans.	ZISSP will continue to work on current programs with MOH. Other than undertaking training on the MOH HRIS for MCDMCH staff and rendering support towards the piloting of the system, ZISSP has not engaged MCDMCH on other HRH capacity-building programs due to the lack of resources to implement programs in that Ministry.
Family planning: Non adherence by the DCMO and health centers to the selection criteria for persons (both professional and volunteers) to participate in LAFP trainings.	Participants who did not meet the selection criteria were turned away from the training and replaced with other eligible participants.
ADH: Printing of the ADH Communication Strategy and the Adolescent Friendly Health Services standards and guidelines was delayed due to a delayed approval process at MCDMCH.	This activity has shifted to quarter three.
EmONC: ZISSP was not able to undertake the planned activity of hiring a consultant to support creation of an EmONC training	Because ZISSP support is no longer needed, funds have been re-distributed to other ZISSP activities.

database for MCDMCH because of the Ministry's changed priorities: MCDMCH is planning the process of a creating a comprehensive database (beyond EmONC) with funding from the U.S. Centers for Disease Control and Prevention.	
EmONC: The planned EmONC national assessment has been delayed by MCDMCH due to lack of a suitable consultant. ZISSP had planned to contribute financial support towards this MCDMCH-led activity.	ZISSP reserved this funding while waiting for Ministry preparations. However, if the national assessment doesn't start in quarter three, funds earmarked for the activity will have to be re-distributed to other ZISSP activities.
Child health: There is a challenge with compiling the actual vitamin A supplementation coverage figures because the Central Statistics Office district population figures are much lower than head counts. The numerator therefore is higher than the denominator.	Ministries have advised the districts to use head count figures, where available.
Child health: ZISSP was unable to conduct the planned visits to 12 selected nursing schools to monitor IMCI Computerized Adaptation and Training Tool (ICATT) implementation with support from ICATT trainers due to the delay with the reproduction of ICATT DVDs for distribution during the on-site visits to nursing schools.	This activity has been rescheduled for quarter three.
Nutrition: MAIYCN training packages are not yet approved by MCDMCH, preventing ZISSP from training 16 master trainers as planned.	The training activity will not be implemented by ZISSP as it is anticipated that approved MCDMCH training materials will not be ready before the close of the project.
Management: Delayed onset of National Health Accounts survey data collection exercise from March due to delayed release of funding by the government for the exercise.	WHO has committed to meet the funding gap and activities will commence in quarter three.
Clinical care: Irregular funding from MOH impeded the implementation of regular clinical mentorship and QI activities as planned	Some districts were able to re-prioritize these activities so that they could re-direct some available funds toward QI and mentorship.
Clinical care: Delayed development of the QI reporting tools by the QI TWG hindered reporting activities to higher levels.	The reporting tools should be disseminated to the provinces, districts and health facilities in quarter three.
Clinical care: Lack of national structures to spearhead both QI	Chairperson of QI TWG and the newly recruited QI Medical Officer at

(Steering Committee) and clinical mentorship activities (national CCT).	the MOH have plans to meet with the Director of Clinical Care and Diagnostic Services in quarter three to facilitate the establishment of these structures in hopes of moving this forward.
Clinical care: Inadequate ownership of clinical mentorship and QI by MOH and MCDMCH in some provinces and districts, which threatens sustainability.	Inclusion of these activities into government plans and budgets will remove financial barriers to ownership of these approaches.
Clinical care: MCDMCH has not been incorporated in the national QI TWG	Efforts are under way to engage the Director and some program officers.
Malaria: Continued omissions of information on entomological collection forms (mainly the 2012 first EHT intake).	Reviewing hard copy forms at the NMCC or by EHTs in the associated sentinel sites.
Malaria: Some computers have failed to open the entomological surveillance database due to software issues.	This issue should be resolved during planned monthly visits in quarter three.
Malaria: There is a need to redefine the current entomological surveillance database with a few modifications to provide better uniformity between hard copy entry forms that are being used and the electronic database data entry elements for various specimen collection techniques.	The entomological database will be updated so that it captures all the data parameters from the hard copy entry forms.
Malaria: Incomplete specimen assignments at both genus and species levels in sentinel sites and missing data entry details in the forms.	Conduct continued briefing sessions to address these errors during planned monthly visits in quarter three. NMCC species assignment feedback forms need to be dispatched to minimize future problems.
Malaria: Delayed delivery of specimens from the field to the NMCC due to lack of consistent transport arrangements at district level.	Short term solution is to dispatch to ZISSP provincial offices for forwarding to the NMCCs.
IT: Frequent travel of field-based staff away from their field offices makes provision of IT support challenging, and results in perceptions that field staff do not get enough support.	Quarter three IT support visits to field sites will include documentation of best practices for supporting remote sites as a learning experience for future implementation.

VI. Focus Areas for Second Quarter

HRH

- Support two meetings of the HR TWG
- Continue to assist new management under the DHRA to understand the history and progress made on ZISSP-supported HRH programs to promote continued and sustainable DHRA support
- In light of senior DHRA staff turnover, refocus capacity-building with the continuing staff to take on responsibilities to ensure the continuity of ZISSP-supported programs. One example is ensuring that there is clear responsibility assigned to a DHRA position for organizing and taking minutes of the HR TWG monthly meetings and sub group meetings, continued holding of DHRA Quarterly Performance Review meetings, putting in place systems to sustain the PMP and discuss change management ideas for use of the HRIS, to ensure that these activities do not stop during staff turn-over.
- Support DHRA and the Assistant Director HRA to implement new ideas and programs from knowledge gained from attendance of the *Strengthening Human Resources for Health* training at the Harvard School of Public Health
- Facilitate printing of the ZHWRS Sustainability Strategy and presentation at the next Sector Advisory Group meeting
- Follow up on the invoice submitted by MCDMCH to ZISSP for reimbursement for ZHWRS allowances for the period July to October 2013
- Pilot the HRIS at the MCDMCH national office, Lusaka DCMO, Zambezi DCMO, Kasama DCMO, Gwembe District Hospital, and Mkushi District Hospital
- Internally manage the HR issues related to ZISSP's employment of interns for HRIS data entry services at MCDMCH health facilities (e.g., issuing contracts, payment, etc.)

FP and ADH

- Train an additional 30 CBDs to attain life of project targets
- Train 50 health workers as CBD supervisors
- Provide financial support for and participate in a final review meeting for final validation of the CBD and FP training manuals, which, when finalized, will be printed and disseminated by MCDMCH
- Provide financial support for and participate in a final review meeting for the final validation of the FP guidelines and protocols, which, when finalized, will be printed and disseminated by MCDMCH
- Printing of the ADH Communication strategy and the Adolescent Friendly Health Service standards and guidelines
- Dissemination and orientation of health workers on ADH Communication Strategy and ADFHS standards and guidelines

EmONC

- Support GNC/MOH to review and update the DEM curriculum (*Note: ZISSP doesn't anticipate that the curriculum review process will be completed before ZISSP closes.)*
- Support GNC/MOH to distribute additional equipment (already procured in quarter two) to further upgrade skills labs at Chikankata, Kitwe and St Paul's midwifery schools and provide additional on-site technical supportive supervision in skills lab management for tutors and clinical instructors at the three schools

- Develop a minimum of three success stories and two technical briefs on EmONC to illustrate and share program outputs and outcomes where relevant
- Provide mentorship in emergency obstetric surgery to an additional 11 doctors
- Conduct post-EmONC training follow-up visits to 20 healthcare providers in Solwezi, Luanshya, Mpika and Shang'ombo districts

Child health

- Monitor immunization visits and activities in low performing districts (Mkushi, Kalomo, and Gwembe)
- Support the monitoring of the ORT corners in Kalomo District, report findings to MCDMCH, and document one or more success stories
- Contribute to printing of Essential Newborn Care guidelines
- Support the reproduction of ICATT DVDs for pre-service schools
- Support technical support supervision of pre-service visits to 12 selected nursing schools to monitor ICATT implementation with support from the ICATT trainers
- Develop a success story and process documentation of EPI and the RED strategy resulting from health system strengthening inputs
- Compile feedback gained during the application of the RED strategy manual during technical support visits and provide this feedback to MCDMCH as part of the seconded staff handover in preparation for the closing of the project

Nutrition

- Print and disseminate the MAIYCN guidelines
- Write a technical brief to document the process used with ZISSP-supported activities in IYCF and growth monitoring and promotion activities in three districts to observe the changes in continuum of care
- Provide technical and financial support to MOH, MCDMCH, and NFNC to present nutrition priorities during the provincial planning launch meetings to ensure that nutrition activities are planned and budgeted for 2015
- Provide technical and financial support to MOH, NFNC and MCDMCH to train 90 community volunteers in IYCF (3 trainings of 30 participants in each of 3 districts)

Malaria

- Facilitate finalization of two iCCM trainings
- Facilitate finalization of three FANC trainings
- Facilitate the collection of success stories/lessons learned in iCCM project sites
- Conduct follow-up, technical support/supervision to the trained iCCM CHVs and supervisors in Central and Southern provinces
- Conduct monthly back up support and mentoring to EHTs/CHWs, including timely delivery of specimens to the NMCC
- Facilitate NMCC species assignment feedback to operational sentinel sites
- Facilitate secondary level specimen processing/PCR of field mosquito samples at Macha
- Construct ento-surveillance species composition maps
- Conduct onsite quality assurance (blinded field sampling) by ento-consultants/entomologists from NMCC/Tropical Diseases Research Centre

Management and Leadership

- Provide routine TSS to MOH and MCDMDCH for the 2014 annual planning process in provinces and districts
- Conduct study to document effects of ZISSP-led initiatives in health planning
- Prepare and graduate 175 Phase 2 ZMLA trainees through NIPA
- Implement ZMLA Phase 3 training and mentorship
- Conduct ZMLA end-of-project evaluation
- Attend and present paper at the International Conference in Health Economics conference to be held in Dublin in July 2014
- Collect National Health Accounts survey data

Clinical Care

- Provision of technical assistance for the government planning process at all levels
- Follow up on national the QI Steering Committee
- Complete the QI evaluation
- Document QI projects in model sites as success stories
- Print the QI training manuals for MOH/MCDMCH

Community Health

- Print and distribute 2,000 simplified community health planning participants' manuals and 200 facilitators' manuals to all PMOs, DCMOs, health centers
- Orient MCDMCH and MOH staff in the use of the guide to support community health planning processes
- Provide quarterly technical support to provinces on community health planning
- Continue to conduct a study to evaluate the effectiveness of the SMAG program (with Abt and the ZISSP M&E team), and conduct stakeholders meeting to disseminate study results to MCDMCH
- Distribute procured SMAG support materials (IDs, raincoats, chitenge, bags, umbrellas) to 800 SMAG members
- Produce a documentary to showcase the success stories of SMAG-related activities in Serenje and Mwinilunga districts
- Write SMAG success stories
- Conduct monthly TSS of the SMAGs in the target health centers through grantees
- Lobby for financial and technical support from other partners in the coordination of SMGL activity implementation in the districts (includes coordinating partner meetings and responding to MCDMCH, ZISSP and SMGL partner requests)
- Integrate mentorship into DCMO/facility staff plans to conduct supervisory and mentoring visits for SMAG activities, FANC, postnatal care, family planning, EmONC and QI processes
- Orient district and zonal committees in MDSR, provide technical and financial support for district MDSR meetings, and strengthen MDSR operations at facility and community levels
- Disburse funds to grantees
- Conduct TSS and capacity building visits, and close-out field visits, to 16 grantees (by the national, provincial, and district Grant Support Teams)
- Conduct a meeting to orient grantees on close-out procedures: the meeting will include a component of success-sharing by grantees with external invited stakeholders (government, non-governmental organizations, etc.)
- Write close out progress report on all grant-funded activities
- Conduct the end line evaluation for drama and RDL programs

- Conduct technical support supervision for SMAG RDL activities (in collaboration with MCDMCH)
- Conduct two national-level meetings (in collaboration with Communication Support for Health) to hand over and advocate for utilization of BCC tools, BCC Framework and Traditional Leaders Integrated Toolkit, and information, education, communication/BCC committees to the TWG and U.S. government partners
- Print the Traditional Leaders' Integrated Health Toolkit
- Write an annual report on the orientation process and recommendations from the Traditional Leaders' Integrated Health Toolkit orientation meetings

M&E and Knowledge Management

- Support completion of the documentation reports and evaluation studies
- Commence work on ZISSP final reports and other documents summarizing the project's work in preparation for close-out
- Support the close-out process for grantees
- Monitor progress toward life-of-project targets
- Hold 10 internal mini-writing workshops with ZISSP staff
- Compile and disseminate success stories to stakeholders
- Provide technical review for various reports and documents

Capacity Building

- Development of a technical briefing paper to document capacity building approaches used by ZISSP at national and sub-national levels
- Printing of the Gender Audit Report

Finance and Administration

- Provide routine logistical, procurement and financial support for the implementation of planned activities for the quarter
- Provide support for the close-out plan of ZISSP

Annex 1: Indicator table – Life of Project and quarterly targets and achievements

Indicator Number	Indicator Definition	LOP target	Life of Project achievement	April 2014 - June 2014 Achievement	April 2014 - June 2014 Target
2.2.1 a	Number of health care workers who successfully complete an in-service training program within the reporting period				
	Total in service	**15,935**	**22,033**	**2,149**	**1,087**
	Clinical Mentorship	9,200	9,585	1,552	800
	HSS - Management and Leadership Academy	1,640	2,363	200	166
	HSS – General (Under Human Resource for Health/Management Specialist)	863	3,191	397	63
	Strategic Information	320	482	41	20
	Male		324	28	
	Female		158	13	
	Gender	500	1,178	316	38
	Males		610	105	
	Female		568	211	
2.2.2	Number of new health care workers who graduated from a pre-service training institution within the reporting period				
		580	307	N/A	N/A
	Males		145		
	Female		162		
2.2.3	Number of people trained in family planning and reproductive health with USG funds				
		710	655	104	33

Indicator Number	Indicator Definition	LOP target	Life of Project achievement	April 2014 - June 2014 Achievement	April 2014 - June 2014 Target
	Health Workers	260	314	42	10
	Males		94	17	
	Female		220	25	
	Community	450	341	62	23
	Males		167	37	
	Female		174	25	
2.2.4	Number of people trained in maternal/newborn health through USG supported programs				
	Grand Total	3,574	4,165	596	188
	Health Workers (EmONC Providers)	340	356	45	10
	Males		148	19	
	Female		208	26	
	Health Workers (SMAG Master Trainers)	234	225	27	8
	Males		79	4	
	Female		146	23	
	Community health volunteers**(SMAGs)**	3,000	3,495	458	170
	Males		1,565	193	
	Female		1,930	265	
2.2.5	Number of people trained in child health and Nutrition through USG supported programs				
	Grand Total	1,664	2,750	260	80
	Health Workers (IYCF, RED, IMCI)	1,124	2,020	260	50
	Males		1,061	145	
	Female		959	115	
	Community	540	730	0	30
	Males		358		

Indicator Number	Indicator Definition	LOP target	Life of Project achievement	April 2014 - June 2014 Achievement	April 2014 - June 2014 Target
	Female		372		
2.3.4	Number of health workers trained in IPTp with USG funds				
		1,656	947	0	81
	Males		321	0	
	Female		626	0	
2.3.5	Number of people trained in malaria case management with ACTs with USG funds				
	Community Health Workers	1,512	1,451	191	54
	Males		1,081	159	
	Female		370	32	
3.2.1.a	Number of people trained in BCC/IEC methods or materials in ZISSP target districts. (ZISSP)				
		3,280	3,448	705	354
	Male		2,275	514	
	Female		1,175	191	

Annex II: Training data by type of training and gender of participants

Technical Area	Type of Training	Province	District	Total Number Trained	Male	Female
MNCH/ HR	Performance Management Package (PMP)	Lusaka	Lusaka	0	0	0
	Tot on Long Acting Family Planning Methods	Central	Kabwe	20	4	16
	Long Acting Family Planning Methods Health Providers	Copperbelt, Luapula	Mansa, Kitwe	42	17	25
	Community Based Distributors of family planning methods	Lusaka	Luangwa	62	37	25
	EmONC Health Care Providers	Copperbelt. Central, Muchinga	Ndola, Serenje, Nakonde	45	19	26
	Adolescent Health/Peer Education	Copperbelt, Lusaka,	Luangwa, Ndola	42	20	22
	Health Workers REDs	Luapula, Lusaka, Southern	Mansa, Chongwe, Sinazongwe	177	113	64
	Health Workers IYCF	Lusaka, Muchinga, Western	Chongwe, Nakonde, Mpika, Shang'ombo	83	32	51
Clinical Care	Clinical Mentorship Sessions	All		1552 Sessions	485 Mentees	495 Mentees
Management and Leadership	Zambia Management and Leadership Academy			165		
Management Specialist	Financial Management	All		0	0	0
	Strategic Information	Lusaka, Luapula, Copperbelt	Lusaka, Kawambwa, Luanshya	41	28	13
Malaria	IPTp FANC			0	0	0
	Integrated Community Case Management	Northern, Eastern, North Western	Chilubi, Mbala, Nyimba, Zambezi, Mwinilunga	220	190	30
Community	Safe Motherhood Action Group	Copperbelt, Eastern, Southern	Luanshya, Lundazi, Kalomo	458	193	265
	SMAGs Master Trainers			27	4	23
BCC	SMAG RDL leaders/ listening groups	Muchinga	Mpika	12	8	4
	Drama	Copperbelt, Luapula, Muchinga	Luanshya, Mansa, Mpika, Nakonde, Masaiti	60	31	29
	BCC Framework	Northern, Luapula, Copperbelt, North Western and Western	Zambezi, Mansa, Masaiti, Mwinilunga, Lukulu	513	433	80
Grants	BCC	Southern	Kalomo	120	42	78